

# Texas Administrative Code Chapter 343

Revised standards effective on January 1, 2015

The TJJD Board has adopted changes throughout 37 TAC Chapter 343, relating to Secure Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. These changes will take effect on January 1, 2015. This document contains a summary of the changes and shows the marked-up text of the affected standards. To see the final text of Chapter 343 in its entirety without the mark-ups, please visit the [Resources page on the TJJD website](#).

Rule #	Title of Standard	Revisions
<b>SUBCHAPTER A: DEFINITIONS AND APPLICABILITY</b>		
343.100	Definitions	<ul style="list-style-type: none"> <li>Added definitions for the following terms: bed, confidential setting, constant physical presence, governing board, intern, major violations, medical diet, minor infractions, oral cavity search, pat-down search, perimeter, serious property damage, specialized housing, standard, strip search.</li> <li>Deleted definitions for commission and standard screening instrument.</li> <li>Added a list of items that must be included in the health assessment.</li> <li>Added a requirement that psychometric testing must be done using instruments accepted by the American Psychological Association or similar organization.</li> <li>Added a requirement that behavior health assessments and psychological evaluations must include a diagnostic impression.</li> <li>Added clarification that intra-jurisdictional transfers do not include placing a resident in a private facility that is located within the placing juvenile probation department's boundaries.</li> <li>Removed references that implied the MAYSI-2 is the only approved mental health screening instrument.</li> </ul>
343.102	Interpretation and Applicability	<ul style="list-style-type: none"> <li>Deleted the paragraph that allowed TJJD to establish additional requirements outside of the Administrative Code.</li> <li>Deleted the paragraph about use of headings.</li> <li>Clarified that the words "including" and "includes" mean that a non-exhaustive list will follow.</li> </ul>
343.104	Waiver	<ul style="list-style-type: none"> <li>Included information from 343.106 about variances.</li> <li>Re-titled as "Waivers and Variances."</li> </ul>
343.106	Variance	<ul style="list-style-type: none"> <li><b>REPEALED</b> entire standard and moved relevant content to 343.104.</li> </ul>
343.108 (NEW)	Document Retention	<ul style="list-style-type: none"> <li><b>New standard.</b></li> </ul>
343.110 (NEW)	Observation Records	<ul style="list-style-type: none"> <li><b>New standard.</b></li> </ul>
<b>SUBCHAPTER B: PRE-ADJUDICATION AND POST-ADJUDICATION SECURE FACILITY STANDARDS</b>		
343.200	Authority to Operate Secure Juvenile Facility	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>

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Rule #	Title of Standard	Revisions
343.202	Acceptance of Residents	<ul style="list-style-type: none"> <li>Clarified that a person under the jurisdiction of a juvenile court who is does not meet the definition of "child" in Texas Family Code §52.02 may be admitted into secure juvenile facilities.</li> </ul>
343.204	Facility Governing Board	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.206	Certification and Registration of Facility	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.208	Policy, Procedure, and Practice	<ul style="list-style-type: none"> <li>Clarified that the facility's zero-tolerance policy must address sexual abuse as defined by TAC Chapter 358, not necessarily as defined by the Prison Rape Elimination Act of 2003.</li> </ul>
343.210	Designation and Qualifications of Facility Administrator	<ul style="list-style-type: none"> <li>Removed the section about the facility administrator's qualifications. That topic is already addressed in Chapter 344.</li> <li>Re-titled as "Designation of Facility Administrator."</li> </ul>
343.212	Duties of Facility Administrator	<ul style="list-style-type: none"> <li>Clarified that a satellite office does not meet the requirement for the facility administrator's office to be located on the grounds of the facility.</li> </ul>
343.214	Data Collection	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.218	Location and Operations	<ul style="list-style-type: none"> <li>Clarified that the standard does not require sight and sound separation of pre- and post-adjudication populations.</li> <li>Clarified that supervision ratios for pre- and post-adjudication populations must be separate and distinct during program hours. However, an officer may count toward both supervision ratios during non-program hours if the residents are in single-occupancy units.</li> </ul>
343.220	Population	<ul style="list-style-type: none"> <li>Added a requirement to prepare a daily population roster that is current as of 5:00 a.m.</li> </ul>
343.222	Heating and Ventilation	<ul style="list-style-type: none"> <li>Clarified that rooms/areas of the facility do not need to be heated and cooled if residents are restricted from entering.</li> <li>Clarified that the alternate means of ventilation must include a mechanical means of bringing in air and exhausting air.</li> </ul>
343.224	Alternate Power Source	<ul style="list-style-type: none"> <li>Clarified that flashlights do not constitute emergency lighting.</li> <li>Clarified that inspections of the alternate power source system must be documented.</li> <li>Added a requirement for the facility to maintain a log of all tests, inspections, and maintenance of the alternate power source system.</li> </ul>
343.226	Lighting	<ul style="list-style-type: none"> <li>Added a grandfather clause exempting facilities operating before 9/1/03 from the requirement to provide natural light in each housing unit.</li> <li>Added a requirement for facilities that began operating on or after 9/1/03 to provide a natural light source in each single-occupancy room/cell or a viewing window that allows for a direct line of sight to natural light.</li> </ul>

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Rule #	Title of Standard	Revisions
343.230	Specialized Housing	<ul style="list-style-type: none"> <li>Clarified that a washbasin with one control producing warm water is acceptable.</li> <li>Clarified that specialized housing rooms/cells must have access to natural light if required by 343.226.</li> <li>Clarified that specialized housing rooms/cells must meet the spatial requirements for all other single- or multiple-occupancy housing units.</li> <li>Added a section specifying the circumstances under which the mattress may be removed.</li> </ul>
343.232	Housing for Residents with Physical Disabilities	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.236	Secure Storage Areas	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.238	Hazardous Materials	<ul style="list-style-type: none"> <li>Clarified that the facility must keep a list, not an inventory, of all hazardous materials used in the facility.</li> <li>Added a prohibition on storing hazardous materials in the housing area.</li> <li>Added an allowance for residents to use paint if access and use is strictly controlled by staff.</li> <li>Added a requirement that youth are provided the proper safety equipment identified by the MSDS.</li> <li>Clarified that residents' use of paint or cleaning agents must be part of a routine housekeeping or maintenance assignment.</li> <li>Added a requirement that any staff member whose responsibilities include using hazardous materials must be aware of the location of the MSDS and follow the MSDS guidelines.</li> </ul>
343.240	Safety Codes	<ul style="list-style-type: none"> <li>Added a requirement that facilities that are constructed, majorly renovated, or expanded after January 1, 2015, must be designed, built, and maintained to NFPA Life Safety Code® standards.</li> <li>Removed the ability for facilities to be inspected solely under "any applicable state or local fire safety codes."</li> <li>Added the ability for facilities to have their inspections conducted under the International Fire Code®.</li> <li>Added an option for a person who is certified by the Texas Commission on Fire Protection, but not a member of a governmental entity, to conduct a facility's fire/safety code inspections.</li> <li>Clarified that only inspections which include verification/enforcement of all applicable fire code regulations will count towards the requirement to have an annual inspection.</li> <li>Clarified that the corrective action plan developed by the facility administrator only has to include violations/deficiencies that cannot be immediately fixed.</li> </ul>

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Rule #	Title of Standard	Revisions
343.242	Fire Safety Plan	<ul style="list-style-type: none"> <li>• Clarified that the <i>fire authority</i> (rather than the fire department) legally required to serve the facility must review the fire safety plan.</li> <li>• Added a requirement for the plan to address proper storage of books, clothing, and other combustible property in sleeping rooms.</li> <li>• Added a prohibition on using portable space heaters within the facility's secure perimeter.</li> <li>• Added a requirement for the plan to require each staff member to be instructed and drilled regarding his/her duties in a fire: <ul style="list-style-type: none"> <li>○ during new employee orientation; and</li> <li>○ at least once every 365 days.</li> </ul> </li> </ul>
343.244	Fire Safety Officer	<ul style="list-style-type: none"> <li>• Added a requirement for the designation of a fire safety officer to be in writing.</li> <li>• Added the following responsibilities for the fire safety officer: <ul style="list-style-type: none"> <li>○ implement procedures for the storage of books, clothing, and other combustible property in sleeping rooms;</li> <li>○ implement procedures to ensure exits and exit routes remain clear of obstructions and exits are properly marked; and</li> <li>○ ensure staff members are trained on the fire safety plan.</li> </ul> </li> </ul>
343.246	Fire Drills	<ul style="list-style-type: none"> <li>• Added a requirement for each staff member to be instructed and drilled regarding his/her duties in a fire: <ul style="list-style-type: none"> <li>○ during new employee orientation; and</li> <li>○ at least once every 365 days.</li> </ul> </li> <li>• Added a requirement for the facility to keep a fire drill log.</li> </ul>
343.248	Non-Fire Emergency Preparedness Plan	<ul style="list-style-type: none"> <li>• Added certain specific areas that must be addressed in the emergency preparedness plan.</li> </ul>
343.249	Internal Security	<ul style="list-style-type: none"> <li>• Clarified that the prohibition on allowing firearms in the facility does not include peace officers responding to an active criminal event.</li> </ul>
343.250	External and Perimeter Security	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.260	Resident Searches	<ul style="list-style-type: none"> <li>• Clarified that pat-down searches of youth must be conducted by same-gender staff. (Note: moved this requirement from 343.432 and 343.626 to this standard.)</li> <li>• Added a requirement for the facility to have written policies and procedures relating to resident searches.</li> <li>• Added specific prohibitions relating to staff members' conduct while conducting searches.</li> <li>• Added a requirement to document the probable cause justifying an anal or genital body cavity search.</li> <li>• Included a provision allowing physician assistants (in addition to physicians) to conduct anal or genital body cavity searches.</li> </ul>

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Rule #	Title of Standard	Revisions
343.262	Hygiene Plan	<ul style="list-style-type: none"> <li>Added a list of the specific hygiene items that must be provided to residents.</li> <li>Specified which items must not be shared by residents.</li> </ul>
343.264	Personal Hygiene	<ul style="list-style-type: none"> <li>Clarified that "strenuous exercise" does not include physical education class for purposes of the requirement to offer a chance to shower.</li> <li>Re-titled as "Resident Showers."</li> </ul>
343.266	Bedding	<ul style="list-style-type: none"> <li>Clarified that instead of providing two sheets, a facility may provide one sheet and a mattress cover.</li> <li>Added a requirement to document the reason if a resident is provided blankets instead of sheets due to actual or expected misuse of linens.</li> </ul>
343.270	Clothing	<ul style="list-style-type: none"> <li>Added a requirement that clean uniforms/clothing (other than undergarments and socks) must be issued no more than 72 hours apart.</li> <li>Added a prohibition on requiring a resident classified as at-risk for suicide to wear overtly suicide-resistant clothing while the resident is with other residents.</li> </ul>
343.272	Facility Maintenance, Cleanliness and Appearance	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.274	Resident Discipline Plan	<ul style="list-style-type: none"> <li>Moved the definitions of major violation and minor infraction to 343.100.</li> </ul>
343.284 (NEW)	Disciplinary Review Log	<ul style="list-style-type: none"> <li><b>New standard.</b></li> </ul>
343.285 (NEW)	Seclusion/Isolation Log	<ul style="list-style-type: none"> <li><b>New standard.</b></li> </ul>
343.300	Nutritional Requirements	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.302	Menu Plans	<ul style="list-style-type: none"> <li>Clarified that the menu plan must include all meals and snacks.</li> <li>Deleted the requirement for menu substitutions to be of equal portions and equal nutritional value as the regular items.</li> </ul>
343.304	Menu Content	<ul style="list-style-type: none"> <li><b>REPEALED</b> entire standard and moved content to 343.300.</li> </ul>
343.306	Modified Diets	<ul style="list-style-type: none"> <li>Clarified that the requirement to provide a religious diet is not absolute. The facility must make a reasonable and equitable effort to provide a religious diet within the limits of resources and the facility's need for safety, security, health, and order.</li> <li>Added a requirement for religious diets to be documented in the resident's record.</li> </ul>
343.308	Mealtime Prohibitions	<ul style="list-style-type: none"> <li>Clarified that meals served to residents in their rooms must meet the same nutritional requirements as other meals.</li> </ul>
343.310	Staff Meals	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.312	Daily Meal Schedule	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>

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Rule #	Title of Standard	Revisions
343.314	On-site Food Preparation	<ul style="list-style-type: none"> <li>Removed the option for a private facility to obtain/maintain a permit from the local health department if the private facility is located in an area regulated by the Department of State Health Services (DSHS). In such cases, the facility must obtain/maintain a permit through the Food and Drug Group within DSHS.</li> <li>Added an exemption from the requirement to obtain/maintain a permit from the local health department or DSHS for county-operated facilities that are located in an area without a local health department. Also added a requirement for such facilities to maintain a current inspection by the Public Health Sanitation Group within DSHS.</li> </ul>
343.316	Off-site Food Preparation	<ul style="list-style-type: none"> <li>Clarified that facilities that do not <i>regularly</i> receive food from an off-site source are not required to maintain a copy of the off-site source's permits/licenses.</li> </ul>
343.320	Health Service Authority	<ul style="list-style-type: none"> <li>Clarified that the designation of the health service authority must be in writing.</li> </ul>
343.322	Health Care Services	<ul style="list-style-type: none"> <li>Added a list of 12 topics that must be addressed in the health services plan.</li> <li>Re-titled as "Health Services Plan."</li> </ul>
343.324	Health Services Coordinator	<ul style="list-style-type: none"> <li>Clarified that the designation of the health services coordinator must be in writing.</li> <li>Added a requirement for the facility to work with the health service authority to determine the topics for training a health services coordinator who is not a health care professional.</li> </ul>
343.328	Consent for Medical Treatment	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.330	Medical Treatment for Victims of Sexual Abuse	<ul style="list-style-type: none"> <li>Specified that determinations as to what type of testing and treatment may be necessary must be made by or in consultation with a health care professional.</li> </ul>
343.332	Behavioral Health Care Services for Sexual Abuse Victims	<ul style="list-style-type: none"> <li>Specified that determinations as to what type of assessment and counseling services may be necessary must be made by or in consultation with a mental health provider.</li> </ul>
343.336	Prescription Medication	<ul style="list-style-type: none"> <li>Re-titled as "Medication Administration."</li> <li>Added the following items as required elements of the facility's policy on medication: <ul style="list-style-type: none"> <li>medication brought by a parent/guardian must be in the original container and be accompanied by a written request from the parent/guardian to administer it;</li> <li>all medication prescribed to a resident must be administered; and</li> <li>each administration of medication must be documented.</li> </ul> </li> <li>Clarified that the health services coordinator may authorize a deviation from the instructions on an over-the-counter medication only if he/she is a health care professional.</li> <li>Added a requirement for all deviations from the instructions on over-the-counter medications and the reasons for it to be documented.</li> </ul>

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Rule #	Title of Standard	Revisions
343.338	Medical Isolation	<ul style="list-style-type: none"> <li>Added a requirement for the facility to obtain a written recommendation from the health care professional as to the need for a resident's continued medical isolation and need for ongoing treatment. (Applies only when a health care professional did not originally place the youth in medical isolation)</li> </ul>
343.340	Suicide Prevention Plan	<ul style="list-style-type: none"> <li>Added a requirement that the consultation with a mental health provider concerning development of the suicide prevention plan must be documented.</li> <li>Added requirements for the suicide prevention plan to: <ul style="list-style-type: none"> <li>list the criteria for classifying a resident as moderate or high risk and identify who is authorized to assign these classifications;</li> <li>identify the suicide screening instrument and staff responsible for conducting the screening;</li> <li>include detailed procedures for communication among staff, mental health providers, the resident, the parent/guardian, and juvenile probation officer regarding assigning youth at-risk for suicidal behavior;</li> <li>include detailed responsibilities and information for intervening in suicide attempts;</li> <li>include specific reporting requirements for suicides and attempted suicides;</li> <li>identify training topics and curriculum and a timeline for initial and follow-up training; and</li> <li>identify the staff responsible for conducting a mortality review and the manner in which results will be recorded and reported to the governing board.</li> </ul> </li> </ul>
343.342	Review and Dissemination of Suicide Prevention Plan	<ul style="list-style-type: none"> <li>Added a requirement for the yearly review of the suicide prevention plan with the mental health provider to be documented.</li> </ul>
343.346	Mental Health Referral of High Risk Suicidal Youth	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.348	Supervision of High Risk Suicidal Youth	<ul style="list-style-type: none"> <li>Clarified that if a juvenile supervision officer is providing continuous supervision of a high-risk resident, the officer must not be simultaneously responsible for the operation of a control room.</li> <li>Added a requirement that documentation must include the times during which each juvenile supervision officer provided continuous visual supervision.</li> </ul>
343.350	Supervision of Moderate Risk Suicidal Youth	<ul style="list-style-type: none"> <li>Clarified that <i>any time a moderate-risk resident is not in the constant physical presence of a juvenile supervision officer</i> (rather than just when a resident is in individual sleeping quarters), the supervision requirements in this standard apply.</li> <li>Clarified that if a juvenile supervision officer is supervising a moderate-risk resident, the officer must not be simultaneously responsible for the operation of a control room.</li> <li>Added a requirement that documentation of a resident's reclassification between risk levels must be kept in the resident's file.</li> </ul>

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Rule #	Title of Standard	Revisions
343.351 (NEW)	Suicidal Youth Log	<ul style="list-style-type: none"> <li>• New standard.</li> </ul>
343.352	Visitation	<ul style="list-style-type: none"> <li>• Added a requirement for the visitor log to document the date and time of each visit.</li> </ul>
343.354	Limitations on Visitation	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.356	Access to Attorney	<ul style="list-style-type: none"> <li>• Added clarification regarding the meaning of confidential contact.</li> </ul>
343.358	Telephone	<ul style="list-style-type: none"> <li>• Added a requirement for facilities to document phone call opportunities and any restrictions on telephone usage.</li> <li>• Added a requirement for the facility to have policies and procedures regarding reasonable and fair telephone access.</li> <li>• Clarified that parents must be notified of the telephone policy, but not necessarily be provided a copy of it.</li> </ul>
343.360	Mail	<ul style="list-style-type: none"> <li>• Added an option for the facility to return mail to the sender if the resident has been released or transferred.</li> </ul>
343.362	Limitations on Mail	<ul style="list-style-type: none"> <li>• Specified that facility rules may prohibit or limit correspondence with: <ul style="list-style-type: none"> <li>○ other residents;</li> <li>○ witnesses or parties in investigations;</li> <li>○ participants in active court proceedings; and</li> <li>○ victims.</li> </ul> </li> </ul>
343.364	Legal Correspondence	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.372	Work by Residents	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.374	Experimentation and Research Studies	<ul style="list-style-type: none"> <li>• Added an option for the juvenile board to issue written authorization for a board member or staff member to approve research studies on behalf of the board.</li> <li>• Added a requirement for facilities to make research study results available to TJJD upon completion of the study (rather than upon request by TJJD).</li> </ul>
343.376	Resident Grievance Process	<ul style="list-style-type: none"> <li>• Added requirements for the facility's grievance process to: <ul style="list-style-type: none"> <li>○ prohibit staff members from denying a resident the opportunity to submit a grievance unless submitting it would interfere with safety and security;</li> <li>○ include a provision for a staff member or translator to read and explain the grievance process to residents who cannot read or understand the process;</li> <li>○ keep documentation showing the resident's acknowledgment of the resolution;</li> <li>○ include the written designation of a grievance officer;</li> <li>○ prohibit the staff member who is named in the grievance or who provided the initial response from providing the appeal response;</li> <li>○ maintain documentation of the periodic formal reviews of the grievance process; and</li> <li>○ document the disposition, whether the grievance was appealed, and the appeal disposition on the grievance log.</li> </ul> </li> </ul>



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Rule #	Title of Standard	Revisions
343.378	Grievance Appeals	<ul style="list-style-type: none"> <li>Added the following time frames for providing appeal responses:                             <ul style="list-style-type: none"> <li>10 calendar days after receipt by pre-adjudication staff;</li> <li>30 calendar days after receipt by post-adjudication staff.</li> </ul> </li> </ul>
343.380	Grievance Officer	<ul style="list-style-type: none"> <li>Added a requirement for the grievance officer or designee to collect grievances seven days per week.</li> </ul>
343.382	Grievance Form	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.384	Religious Services	<ul style="list-style-type: none"> <li>Added a prohibition on issuing discipline to a resident for refusing to participate in religious services.</li> <li>Added a requirement for residents who refuse to participate in religious services to be offered alternate programming or activities or be allowed to stay in their rooms/cells.</li> </ul>
343.386	Volunteers and Interns	<ul style="list-style-type: none"> <li>Added a requirement for the facility's policies and procedures regarding the volunteer or internship program to include:                             <ul style="list-style-type: none"> <li>purposes and goals of the program; and</li> <li>a prohibition on volunteers or interns with certain criminal histories from having unsupervised contact with residents.</li> </ul> </li> <li>Clarified that volunteer/intern policies and procedures are not required to address individuals who perform volunteer services once per year and who have only supervised contact with residents.</li> </ul>
<b>SUBCHAPTER C: SECURE PRE-ADJUDICATION DETENTION FACILITY STANDARDS</b>		
343.400	Intake and Admission	<ul style="list-style-type: none"> <li>Clarified that the requirement to supervise a juvenile until the admission/release decision is made allows for supervising from behind an architectural barrier only if the barrier allows for an unobstructed view of the area where the resident is held (excluding restrooms).</li> </ul>
343.402	Intake Assessment Period	<ul style="list-style-type: none"> <li>Re-titled as "Assessment Isolation."</li> <li>Clarified that assessment isolation may only be used after the juvenile has been admitted.</li> <li>Added a requirement for the facility's policies and procedures to prohibit the automatic isolation of residents.</li> </ul>
343.404	Mental Health Screening and Referral	<ul style="list-style-type: none"> <li>Removed references to the "standard screening instrument" and allowed for facilities to use any screening instrument approved by TJJD.</li> <li>Allowed facilities to use any screening instrument approved by TJJD or to use a clinical assessment by a mental health provider in lieu of the screening.</li> <li>Added a requirement that the person who administers the screening instrument must be trained by TJJD staff or by a person who was trained by TJJD staff.</li> <li>Clarified that the requirement to conduct a mental health screening or assessment applies even if the youth is released from detention before the 48<sup>th</sup> hour after admission.</li> <li>Clarified that if the mental health screening also serves as the suicide</li> </ul>

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		<p>screening, the mental health screening must be completed within two hours after admission (as required by §343.340), not 48 hours.</p> <ul style="list-style-type: none"> <li>Added a requirement for the person who administered the screening instrument to legibly document his/her name and the time and date on the completed instrument.</li> </ul>
343.406	Health Screening and Assessment	<ul style="list-style-type: none"> <li>Specified that the health screening may be conducted only by: <ul style="list-style-type: none"> <li>an LVN, RN, nurse practitioner, physician assistant, or physician;</li> <li>a qualified and properly trained person acting under delegation from a physician (e.g., medical assistant, EMT, paramedic); or</li> <li>a person trained by one of the above persons.</li> </ul> </li> <li>Specified certain topics that must be included in the training.</li> <li>Added a requirement that the facility's health screening instrument must be approved by an RN, nurse practitioner, physician assistant, or physician.</li> <li>Revised the list of items that must be included in the health screening instrument.</li> <li>Added a requirement for the facility to maintain and implement policies and procedures to ensure youth with identified medical problems are appropriately supervised until medical follow up occurs.</li> <li>Added a requirement that facility staff must contact a health care professional within 24 hours if a youth reports taking prescription medication and his/her parent/guardian has not provided the medication for the facility to administer.</li> <li>Clarified that the screening form must not contain blank fields. If an item is unknown, something must be entered such as "unknown" or "not applicable."</li> <li>Re-titled as "Health Screening." The assessment will be under new §343.407.</li> </ul>
343.407 (NEW)	Health Assessment	<ul style="list-style-type: none"> <li><b>New standard.</b></li> <li>Note: the paragraph in §343.406 that allowed the facility to waive the health assessment if the resident received one within the past year is not included in new §343.407. Therefore, all residents who remain in the pre-adjudication facility for 30 days must have a health assessment.</li> </ul>
343.410	Personal Property	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.412	Orientation	<ul style="list-style-type: none"> <li>Allowed for verbal orientation to be started up to six hours before admission.</li> <li>Specified that orientation must include an age-appropriate explanation of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment.</li> <li>Removed the reference to the Prison Rape Elimination Act of 2003.</li> <li>Added an option for the facility to post orientation materials in an accessible location rather than provide written copies to each resident.</li> </ul>

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Rule #	Title of Standard	Revisions
343.414	Behavioral Screening	<ul style="list-style-type: none"> <li>Added a list of specific items to be considered in the behavioral screening.</li> <li>Added a requirement that the admission documentation must contain the date the behavioral screening was done and a written acknowledgment that available items in this standard were considered in making a housing assignment.</li> </ul>
343.416	Classification Plan	<ul style="list-style-type: none"> <li>Clarified that the classification plan must be written.</li> <li>Clarified that the special considerations that should be included in the housing plan would include factors such as gang affiliation, referral history, disabilities, and/or other special needs.</li> </ul>
343.418	Admission Records	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.420	Format and Maintenance of Records	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.422	Content of Resident Records	<ul style="list-style-type: none"> <li>Clarified that a copy of a detention order or adjudication and disposition order is considered an acceptable substitute for the offense narrative in cases where a resident is being detained pending a transfer action.</li> </ul>
343.424	Housing Records	<ul style="list-style-type: none"> <li>Added a requirement that the daily chronological log must: <ul style="list-style-type: none"> <li>be signed or initialed by the officer(s) supervising the residents; or</li> <li>identify the officer making the entry if the log is electronic.</li> </ul> </li> </ul>
343.426	Release Procedures	<ul style="list-style-type: none"> <li>Added a requirement for the authorized officer to document the release authorization if a judge or juvenile probation officer authorizes a resident's release by phone.</li> </ul>
343.428	Resident Supervision	<ul style="list-style-type: none"> <li>Removed the requirement for juvenile supervision officers (JSOs) who are not yet certified to pass the TJJD competency exam before providing resident supervision.</li> <li>Specified that JSOs who are not certified and who have not met minimum training requirements may not perform any JSO duties or be counted in any JSO-to-resident ratios.</li> </ul>
343.432	Gender Supervision Requirement	<ul style="list-style-type: none"> <li>Removed pat-down searches from the list of activities that require juvenile supervision officers of the same gender as the resident to be the sole supervisors.</li> </ul>
343.434	Facility-Wide Ratio	<ul style="list-style-type: none"> <li>Clarified that a juvenile supervision officer must be present on the facility premises at all times to be counted in the facility-wide ratio.</li> </ul>
343.435 (NEW)	On-Premises Supervision Requirements	<ul style="list-style-type: none"> <li><b>New standard.</b></li> </ul>
343.438	Level of Supervision --SOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.440	Supervision Ratio--MOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>

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Revised standards effective on January 1, 2015

Rule #	Title of Standard	Revisions
343.442	Level of Supervision --MOHU	<ul style="list-style-type: none"> <li>Required a juvenile supervision officer to be physically located in the unit (rather than provide constant visual observation) while residents are in the unit.</li> <li>Clarified that the grandfather clause for units designed and operated before June 5, 2001, applies to the whole standard, not just subsection (a).</li> </ul>
343.444	Supervision On and Off Premises of Facility	<ul style="list-style-type: none"> <li>Moved supervision requirements for activities that occur on premises but outside a housing unit to new §343.435.</li> <li>Narrowed the standard to apply to cases where the resident leaves the facility <i>while in the custody of facility staff</i>.</li> <li>Since the standard no longer applies to cases where a juvenile probation officer (JPO) takes a resident off premises, the requirement for the JPO to be certified in CPR and first aid has been deleted.</li> <li>Re-titled as "Off-Premises Supervision Requirements."</li> </ul>
343.446	Exceptions to General Levels of Supervision	<ul style="list-style-type: none"> <li>Re-titled as "Exceptions to Requirement to be Supervised by Juvenile Supervision Officer."</li> <li>Increased the upper limit from 8 to 12 for the number of residents that can be in a therapeutic group without having a juvenile supervision officer (JSO) in the room. A JSO must still provide constant visual supervision.</li> </ul>
343.448	Primary Control Room	<ul style="list-style-type: none"> <li>Clarified that facilities with more than one control room must specify which one is primary.</li> <li>Clarified that juvenile supervision officers assigned to secondary control rooms may be counted in: <ul style="list-style-type: none"> <li>the facility-wide ratio; and</li> <li>the supervision ratio in a housing unit during non-program hours.</li> </ul> </li> <li>Clarified that staff members assigned to primary control rooms are not required to be certified juvenile supervision officers.</li> </ul>
343.450	Single Occupancy Housing Units--SOHU.	<ul style="list-style-type: none"> <li>Re-titled as "Use and Design—SOHU."</li> </ul>
343.452	Spatial Requirements-- SOHU	<ul style="list-style-type: none"> <li>Clarified that ceiling height must be measured from the lowest point of the ceiling.</li> </ul>
343.454	Shower Facilities--SOHU	<ul style="list-style-type: none"> <li>Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> <li>Clarified that showers with multiple shower heads are counted toward the shower-to-bed ratio.</li> </ul>
343.456	Toilet Facilities--SOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.458	Washbasin Requirements--SOHU	<ul style="list-style-type: none"> <li>Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> <li>Added a requirement that the housing unit must allow for access to a washbasin without leaving the housing unit.</li> </ul>
343.460	Drinking Fountain--SOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>

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Revised standards effective on January 1, 2015

Rule #	Title of Standard	Revisions
343.461 <b>(NEW)</b>	Applicability of Standards--MOHU	<ul style="list-style-type: none"> <li>• <b>New standard.</b></li> </ul>
343.462	Pre-Assignment Screening Process--MOHU	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.464	Administrative Approval--MOHU	<ul style="list-style-type: none"> <li>• Added that approval from the facility administrator or designee to place a youth in a MOHU must be in writing and contain the date and time the placement was authorized and the date and time the resident was placed in the MOHU.</li> </ul>
343.468	Classification Plan--MOHU	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.470	Eligibility Criteria--MOHU	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.472	Multiple Occupancy Housing Units--MOHU	<ul style="list-style-type: none"> <li>• Moved the grandfather clause for MOHUs designed and operating before 6/5/01 to new §343.461.</li> <li>• Re-titled as "Use and Design—MOHU."</li> </ul>
343.474	Spatial Requirements--MOHU	<ul style="list-style-type: none"> <li>• Clarified that ceiling height must be measured from the lowest point of the ceiling.</li> </ul>
343.476	Shower Facilities--MOHU	<ul style="list-style-type: none"> <li>• Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> <li>• Clarified that showers with multiple shower heads are counted toward the shower-to-bed ratio.</li> </ul>
343.478	Toilet Facilities--MOHU.	<ul style="list-style-type: none"> <li>• Added an option for up to one-half of required toilets in male housing units to be substituted by urinals.</li> </ul>
343.480	Washbasin Requirements--MOHU	<ul style="list-style-type: none"> <li>• Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> </ul>
343.482	Drinking Fountain--MOHU	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.484	Exercise and Common Activity Areas	<ul style="list-style-type: none"> <li>• Clarified that the 100 square feet of space per resident is calculated using the facility's design capacity.</li> </ul>
343.486	Program Hours	<ul style="list-style-type: none"> <li>• Specified that time a resident spends in individual resident sleeping quarters does not count toward the 10-hour minimum for program hours.</li> <li>• Clarified that the facility must document any deviation or modification from the program schedule <i>only when it results in the cancellation of an activity or a deviation of one hour or more.</i></li> </ul>
343.488	Educational Program	<ul style="list-style-type: none"> <li>• Moved the requirement to provide TEA-compliant coursework to this standard from §343.489.</li> </ul>
343.489	Educational Curriculum	<ul style="list-style-type: none"> <li>• <b>REPEALED</b> entire standard and moved the content to §343.488.</li> </ul>
343.490	Instructional Days	<ul style="list-style-type: none"> <li>• Added a requirement for the education service provider to provide a full educational day, which must be at least 7 hours long and consist of at least 5 ½ hours of secondary curriculum.</li> </ul>

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Revised standards effective on January 1, 2015

Rule #	Title of Standard	Revisions
343.491	Special Education	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.493	Educational Staff Safety	<ul style="list-style-type: none"> <li>Clarified that substitute education staff are required to receive a facility orientation before starting educational duties only if they have a known assignment at the facility of five consecutive school days or longer.</li> <li>Added a requirement for the orientation of educational staff members to be documented.</li> <li>Re-titled as "Orientation for Educational Staff."</li> </ul>
343.498	Recreation and Exercise	<ul style="list-style-type: none"> <li>Clarified that the recreational equipment and supplies provided to residents must be in working order.</li> <li>Added a requirement that large muscle exercise must take place outside of sleeping rooms.</li> <li>Clarified that offering physical recreation meets the requirements of this standard, regardless of whether the residents choose to participate.</li> </ul>
<b>SUBCHAPTER D: SECURE POST-ADJUDICATION CORRECTIONAL FACILITY STANDARDS</b>		
343.600	Required Pre-Admission Records	<ul style="list-style-type: none"> <li>Deleted the requirement for the referring agency to provide a copy of the juvenile's birth certificate and added a requirement to provide official documentation of the juvenile's date and place of birth.</li> <li>Changed the timeframe to within the last 90 days (rather than the last 30 days) for how current the medical exam must be, unless the exception in the next bullet applies.</li> <li>Added an option that would allow a post-adjudication facility to accept a medical exam conducted within the last 180 days if: <ul style="list-style-type: none"> <li>the transfer is intra-jurisdictional;</li> <li>the medical exam was conducted by the pre-adjudication facility (i.e., not done while the youth was in the community); and</li> <li>the resident did not leave the custody of the pre-adjudication facility after the medical exam was conducted.</li> </ul> </li> <li>Changed the timeframe to within the last 180 days (rather than the last 30 days) for how current the dental examinations must be.</li> <li>Specified that the medical examination must be conducted by a nurse practitioner, physician assistant, or physician.</li> <li>Added an option for the referring agency to provide a psychiatric evaluation instead of a psychological evaluation or a behavioral health assessment. Specified that the psychiatric evaluation must include a diagnostic impression.</li> </ul>
343.602	Intake and Admission	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.604	Health Screening and Assessment	<ul style="list-style-type: none"> <li>Specified that the health screening may be conducted only by: <ul style="list-style-type: none"> <li>an LVN, RN, nurse practitioner, physician assistant, or physician;</li> <li>a qualified and properly trained person acting under delegation from a physician (e.g., medical assistant, EMT, paramedic); or</li> <li>a person trained by one of the above persons.</li> </ul> </li> </ul>

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Rule #	Title of Standard	Revisions
		<ul style="list-style-type: none"> <li>Specified certain topics that must be included in the training.</li> <li>Added a requirement that the facility's health screening instrument must be approved by an RN, nurse practitioner, physician assistant, or physician.</li> <li>Revised the list of items that must be included in the health screening instrument.</li> <li>Added a requirement for the facility to maintain and implement policies and procedures to ensure youth with identified medical problems are appropriately supervised until medical follow up occurs.</li> <li>Added a requirement that facility staff must contact a health care professional within 24 hours if a youth reports taking prescription medication and his/her parent/guardian has not provided the medication for the facility to administer.</li> <li>Clarified that the screening form must not contain blank fields. If an item is unknown, something must be entered such as "unknown" or "not applicable."</li> <li>Re-titled as "Health Screening."</li> </ul>
343.606	Orientation	<ul style="list-style-type: none"> <li>Specified that orientation must include an age-appropriate explanation of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment.</li> <li>Removed reference to the Prison Rape Elimination Act of 2003.</li> <li>Added an option for the facility to post orientation materials in an accessible location rather than provide written copies to each resident.</li> </ul>
343.608	Classification Plan	<ul style="list-style-type: none"> <li>Clarified that the housing plan must be written.</li> </ul>
343.612	Admission Records	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.614	Format and Maintenance of Records	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.616	Content of Resident Records	<ul style="list-style-type: none"> <li>Clarified that progress reports must include the resident's case plan and case plan review.</li> </ul>
343.618	Housing Records	<ul style="list-style-type: none"> <li>Added a requirement that the daily chronological log must: <ul style="list-style-type: none"> <li>be signed or initialed by the officer(s) supervising the residents; or</li> <li>identify the officer making the entry if the log is electronic.</li> </ul> </li> </ul>
343.620	Release Procedures	<ul style="list-style-type: none"> <li>Added a requirement for the authorized officer to document the release authorization if a judge or juvenile probation officer authorizes a resident's release by phone.</li> </ul>
343.622	Resident Supervision	<ul style="list-style-type: none"> <li>Removed the requirement for juvenile supervision officers (JSOs) who are not yet certified to pass the TJJD competency exam before providing resident supervision.</li> <li>Specified that JSOs who are not certified and who have not met minimum training requirements may not perform any JSO duties or be counted in any JSO-to-resident ratios.</li> </ul>



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Rule #	Title of Standard	Revisions
343.626	Gender Supervision Requirement	<ul style="list-style-type: none"> <li>Removed pat-down searches from the list of activities that require juvenile supervision officers of the same gender as the resident to be the sole supervisors.</li> </ul>
343.628	Facility-Wide Ratio	<ul style="list-style-type: none"> <li>Clarified that a juvenile supervision officer must be present on the facility premises at all times to be counted in the facility-wide ratio.</li> </ul>
343.629 (NEW)	On-Premises Supervision Requirements	<ul style="list-style-type: none"> <li><b>New standard.</b> Includes supervision requirements for activities that occur on premises but outside a housing unit. This information was previously in 343.636.</li> </ul>
343.630	Supervision Ratio	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.632	Level of Supervision --SOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.634	Level of Supervision --MOHU	<ul style="list-style-type: none"> <li>Required residents to be in the constant physical presence of a juvenile supervision officer (rather than under constant visual observation) while residents are in the unit.</li> </ul>
343.636	Supervision On and Off Premises of Facility	<ul style="list-style-type: none"> <li>Moved supervision requirements for activities that occur on premises but outside a housing unit to new §343.629.</li> <li>Narrowed the standard to apply to cases where the resident leaves the facility <i>while in the custody of facility staff</i>.</li> <li>Re-titled as "Off-Premises Supervision Requirements."</li> </ul>
343.638	Exceptions to General Levels of Supervision	<ul style="list-style-type: none"> <li>Increased the upper limit from 8 to 12 for the number of residents that can be in a therapeutic group without having a juvenile supervision officer (JSO) in the room. A JSO must still provide constant visual supervision.</li> </ul>
343.640	Primary Control Room	<ul style="list-style-type: none"> <li>Clarified that facilities with more than one control room must specify which one is primary.</li> <li>Clarified that juvenile supervision officers assigned to secondary control rooms may be counted in: <ul style="list-style-type: none"> <li>the facility-wide ratio; and</li> <li>the supervision ratio in a housing unit during non-program hours.</li> </ul> </li> <li>Clarified that staff members assigned to primary control rooms are not required to be certified juvenile supervision officers.</li> </ul>
343.642	Single Occupancy Housing Units--SOHU	<ul style="list-style-type: none"> <li>Re-titled as "Use and Design—SOHU."</li> </ul>
343.644	Spatial Requirements--SOHU	<ul style="list-style-type: none"> <li>Clarified that the ceiling height must be measured from the lowest point of the ceiling.</li> </ul>
343.646	Shower Facilities--SOHU	<ul style="list-style-type: none"> <li>Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> <li>Clarified that showers with multiple shower heads are counted toward the shower-to-bed ratio.</li> </ul>
343.648	Toilet Facilities--SOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>



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Rule #	Title of Standard	Revisions
343.650	Washbasin Requirements--SOHU	<ul style="list-style-type: none"> <li>Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> <li>Added a requirement that the housing unit must allow for access to a washbasin without leaving the housing unit.</li> </ul>
343.652	Drinking Fountain--SOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.654	Multiple Occupancy Housing Units--MOHU	<ul style="list-style-type: none"> <li>Re-titled as "Use and Design—MOHU."</li> </ul>
343.656	Spatial Requirements--MOHU	<ul style="list-style-type: none"> <li>Clarified that the ceiling height must be measured from the lowest point of the ceiling.</li> </ul>
343.658	Shower Facilities--MOHU	<ul style="list-style-type: none"> <li>Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> <li>Clarified that showers with multiple shower heads are counted toward the shower-to-bed ratio.</li> </ul>
343.660	Toilet Facilities--MOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.662	Washbasin Requirements--MOHU	<ul style="list-style-type: none"> <li>Clarified that one control producing warm water is an acceptable substitute for having hot and cold water.</li> </ul>
343.664	Drinking Fountain--MOHU	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.666	Exercise and Day Room Areas	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.668	Program Hours	<ul style="list-style-type: none"> <li>Specified that time a resident spends in individual resident sleeping quarters does not count toward the 10-hour minimum for program hours.</li> <li>Clarified that the facility must document any deviation or modification from the program schedule <i>only when it results in the cancellation of an activity or a deviation of one hour or more.</i></li> </ul>
343.670	Educational Program	<ul style="list-style-type: none"> <li>Moved the requirement to provide TEA-compliant coursework to this standard from §343.671.</li> </ul>
343.671	Educational Curriculum	<ul style="list-style-type: none"> <li><b>REPEALED</b> entire standard and moved the content to §343.670.</li> </ul>
343.672	Instructional Days	<ul style="list-style-type: none"> <li>Added a requirement for the education service provider to provide a full educational day, which must be at least 7 hours long and consist of at least 5 ½ hours of secondary curriculum.</li> </ul>
343.675	Educational Staff Safety	<ul style="list-style-type: none"> <li>Clarified that substitute education staff are required to receive a facility orientation before starting educational duties only if they have a known assignment at the facility of five consecutive school days or longer.</li> <li>Added a requirement for the orientation of educational staff members to be documented.</li> <li>Re-titled as "Orientation for Educational Staff."</li> </ul>
343.677	Vocational Training Program	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>

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Rule #	Title of Standard	Revisions
343.680	Recreation and Exercise	<ul style="list-style-type: none"> <li>• Clarified that the recreational equipment and supplies provided to residents must be in working order.</li> <li>• Added a requirement that large muscle exercise must take place outside of sleeping rooms.</li> <li>• Clarified that offering physical recreation meets the requirements of this standard, regardless of whether the residents choose to participate.</li> </ul>
343.688	Residential Case Plan	<ul style="list-style-type: none"> <li>• Added a requirement for facility staff to document in the case plan if the parent, guardian, or custodian: <ul style="list-style-type: none"> <li>○ refuses to participate or sign the case plan; or</li> <li>○ cannot be located.</li> </ul> </li> </ul>
343.690	Residential Case Plan Review	<ul style="list-style-type: none"> <li>• Added a requirement for facility staff to document in the case plan if the parent, guardian, or custodian: <ul style="list-style-type: none"> <li>○ refuses to participate or sign the case plan; or</li> <li>○ cannot be located.</li> </ul> </li> </ul>
343.700	Physical Training Program	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.702	Governing Board Approval	<ul style="list-style-type: none"> <li>• Added a grandfather clause for facilities that began operating a physical training program before January 1, 2010 (the date this standard first took effect).</li> <li>• Clarified that the written authorization from the facility's governing board to operate the program must be: <ul style="list-style-type: none"> <li>○ separate from the board's annual certification of the facility; and</li> <li>○ retained as long as the program remains operational.</li> </ul> </li> </ul>
343.704	Pre-Admission Requirements	<ul style="list-style-type: none"> <li>• Deleted the requirement for the psychological evaluation or behavioral health assessment to indicate the appropriateness of placing the child's placement in the program.</li> <li>• Added a requirement for the psychological evaluation or behavioral health assessment to indicate whether there are therapeutic contraindications to placing the resident in the program.</li> <li>• Added a requirement to retain the documentation listed in this standard.</li> </ul>
343.706	Physical Training Program Plan	<ul style="list-style-type: none"> <li>• Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.708	Injury and Illness	<ul style="list-style-type: none"> <li>• Deleted the requirement for the facility to obtain written documentation from a physician indicating a resident is fit to return to the program after an injury or illness.</li> <li>• Added a requirement for the facility to document that a physician has determined a resident is fit to return to the program after an injury or illness.</li> <li>• Added a requirement to maintain a log of residents who stop participating in the program for medical reasons, including the date the resident was deemed unfit to participate and the date the resident resumed participation.</li> </ul>

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Rule #	Title of Standard	Revisions
343.710	Disciplinary Sanctions	<ul style="list-style-type: none"> <li>Added a prohibition on using physical exercise for intimidation.</li> <li>Added a prohibition on using disciplinary sanctions that cause bodily duress.</li> </ul>
343.712	Physical Fitness Screening Tool	<ul style="list-style-type: none"> <li>Added a requirement to retain the results of the resident's physical fitness screening and the evaluation of the screening results.</li> </ul>
<b>SUBCHAPTER E: RESTRAINTS</b>		
343.800	Definitions	<ul style="list-style-type: none"> <li>Moved requirement for personal restraint techniques to be approved by TJJD to §343.808.</li> <li>Clarified that plastic cuffs must be designed specifically for human restraint.</li> <li>In the definition of Restraint, removed "or to modify an individual's behavior" as a possible reason for using a restraint.</li> </ul>
343.802	Requirements	<ul style="list-style-type: none"> <li>Clarified that all three justifications for using restraints (i.e., preventing injury, serious property damage, or escape) and not just the first justification (i.e. preventing injury) require an imminent or active situation.</li> </ul>
343.804	Prohibitions	<ul style="list-style-type: none"> <li>Made non-substantive clean-ups and minor clarifications.</li> </ul>
343.806	Documentation	<ul style="list-style-type: none"> <li>Added a requirement that documentation of a restraint must include a narrative description of the event from each staff member who participated in the restraint.</li> <li>Added a requirement for the facility to maintain a restraint log that includes: <ul style="list-style-type: none"> <li>name of resident;</li> <li>type of restraint;</li> <li>name of staff member(s); and</li> <li>time and date the restraint began and ended.</li> </ul> </li> </ul>
343.808	Personal Restraint	<ul style="list-style-type: none"> <li>Moved the requirement that personal restraint techniques must be approved by TJJD from §343.800 to this standard.</li> <li>Added a requirement for officers to be retrained in the personal restraint technique in accordance with the time frames required by the particular technique if that time frame is more frequent than once every year.</li> </ul>
343.810	Mechanical Restraint	<ul style="list-style-type: none"> <li>Added a requirement to document the dates of inspections of mechanical restraint devices.</li> <li>Added a requirement that all maintenance performed on mechanical restraint equipment must adhere to the manufacturer's guidelines.</li> <li>Clarified that restraint beds and restraint chairs may be repaired in a way that alters them from the manufacturer's design, but only if: <ul style="list-style-type: none"> <li>the manufacturer approves the repair in writing; and</li> <li>the modified equipment still complies with TJJD standards.</li> </ul> </li> </ul>

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Rule #	Title of Standard	Revisions
343.812	Non-Ambulatory Mechanical Restraints	<ul style="list-style-type: none"><li>• Clarified that the 3-hour time limit for placing a resident in a non-ambulatory restraint includes all cumulative time spent in the restraint during a 24-hour period.</li><li>• Added an option for a juvenile probation officer to provide supervision of a resident in a non-ambulatory mechanical restraint.</li><li>• Clarified that the constant visual supervision required by this standard can be from behind an architectural barrier as long as the constant visual supervision is not interrupted or impeded.</li><li>• Added a requirement to document any instance in which the resident's aggressive behavior prevents staff from providing any of the required services while the resident is in the restraint.</li></ul>
343.818	Preventative Mechanical Restraints	<ul style="list-style-type: none"><li>• Made non-substantive clean-ups and minor clarifications.</li></ul>

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## Subchapter A. Definitions, and Applicability, and General Documentation Requirements

- §343.100 Definitions
- §343.102 Interpretation and Applicability
- §343.104 Waivers and Variances
- ~~§343.106 Variance~~
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§343.482 Drinking Fountain--MOHU	§343.638 Exceptions to <del>Requirement to be Supervised by Juvenile Supervision Officer General Levels of Supervision</del>	§343.708 Injury and Illness
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## Subchapter A

### Definitions, ~~and~~ Applicability, and General Documentation Requirements

#### §343.100. Definitions.

Effective Date: 9/1/13

When used in this chapter, the following words and terms ~~when used in this chapter~~ shall have the following meanings, unless otherwise expressly defined within the chapter.

- (1) ~~Bed~~--Includes a bed frame or platform and a mattress. The bed frame or platform may be a permanent or portable fixture.
- (24) **Behavioral Health Assessment**--A mental health assessment conducted by a masters-level mental health provider who is licensed by one of the boards listed in paragraph (35) (29) of this section and is qualified by training to conduct all required elements of a behavioral health assessment. At a minimum, a behavioral health assessment must include the following elements:
  - (A) ~~C~~linical interview;
  - (B) ~~P~~sycho-social evaluation, to include:
    - (i) family history;
    - (ii) community/living environment;
    - (iii) peer relationships; and
    - (iv) academic/vocational history;
  - (C) ~~R~~eview of the following files and associated records in the possession of the juvenile probation department:
    - (i) juvenile probation records;
    - (ii) mental health records;
    - (iii) medical records;
    - (iv) previous mental health testing records; and
    - (v) educational records;
  - (D) ~~P~~arent/guardian interview, unless the parent/guardian is unwilling to participate, and any other collateral interviews the mental health provider deems appropriate, such as a teacher or the child's juvenile probation officer;
  - (E) ~~P~~sychometric testing, using instruments that are recognized and accepted by the American Psychological Association or another professional mental health organization, to include:
    - (i) ~~A~~chievement assessment, only if there is no record of an achievement assessment within the last three years;
    - (ii) ~~P~~ersonality assessment, only if there is no record of a personality assessment within the last three years;
    - (iii) ~~I~~ntellectual assessment, only if:
      - (I) there is no record of an intellectual assessment within the last three years; or
      - (II) a new intellectual assessment is indicated by:
        - (-a-) pervasive use of drugs known to impair thought processes;
        - (-b-) traumatic brain injury;



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- (-c-) the child was age 12 or younger on the date of the most recent psychometric testing; or
- (-d-) obvious impairment in cognitive or interpersonal functioning; ~~and~~
- ~~(F) diagnostic impression; and~~
- ~~(GF) R~~review of risks, strengths, and recommendations for intervention.
- ~~(32) Chief Administrative Officer--~~Regardless of title, the person hired by a juvenile board who is responsible for oversight of the day-to-day operations of a juvenile probation department for a single county or a multi-county judicial district.
- ~~(3) Commission--The Texas Juvenile Justice Department (successor agency to the Texas Juvenile Probation Commission).~~
- ~~(4) Confidential Setting--A room or area that provides sound separation from other residents and unauthorized staff.~~
- ~~(5) Constant Physical Presence--A juvenile supervision officer is physically present in the same room or same physical location with the residents and is responsible for the supervision of residents. The term does not include supervision from behind architectural barriers such as glass observation windows or screened windows.~~
- ~~(64) Common Activity Area--~~Area inside the facility to which residents have access and in which activities are conducted. This area includes, ~~but is not limited to~~ dayrooms, covered recreation areas, recreation rooms, education rooms, counseling rooms, testing rooms, visitation areas, and medical or dental rooms.
- ~~(75) Contraband--~~Any item ~~that is~~ not issued to employees for the performance of their duties and ~~that which~~ employees have not obtained supervisory approval to possess. Contraband also includes any item ~~that a resident is not allowed to possess or use that is~~ given to a resident by an employee or other individual, ~~which a resident is not authorized to possess or use~~. Specific items of contraband include, but are not limited to:
  - (A) firearms;
  - (B) knives;
  - (C) ammunition;
  - (D) drugs;
  - (E) intoxicants;
  - (F) pornography; and
  - (G) any unauthorized written or ~~electronic verbal~~ communication brought into or taken from ~~a facility an institution~~ for a resident, former resident, associate of ~~a resident~~, or family members of a resident.
- ~~(86) Date and Time of Admission--~~The date and time a juvenile ~~is has been~~ authorized for detention in a secure pre-adjudication detention facility by an individual who is authorized by the juvenile board in accordance with §53.02 of the Texas Family Code. If the decision to detain was made prior to the juvenile's arrival to the facility, the date and time of admission shall be the same as the date and time of entry.
- ~~(97) Date and Time of Entry--~~The date and time a juvenile ~~is has been~~ presented by law enforcement or a county juvenile probation officer to a pre-adjudication secure detention facility for processing and authorization of detention.
- ~~(108) Design Capacity--~~The number of people that can safely occupy a building or space as determined by the current architectural design and any building modifications, licensing, accreditation, regulatory authorities, and applicable building codes.
- ~~(119) Designee--~~The person authorized to perform a specific duty as assigned by the facility administrator.



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- (129) **Detention**--The temporary secure custody of a child as defined in and authorized by Title 3 of the Texas Family Code.
- (134) **Disciplinary Seclusion**--The separation of a resident from other residents for disciplinary reasons, and the placement of the resident alone in an area from which egress is prevented for more than 90 minutes.
- (142) **Facility Administrator**--The individual designated by the chief administrative officer or governing board of the facility who has the ultimate responsibility for managing and operating the facility. This definition includes the certified juvenile supervision officer who is designated in writing as the acting facility administrator during the absence of the facility administrator.
- (153) **Furlough**--A period of time during which a resident is allowed to leave the facility premises and go into the community unsupervised for various purposes consistent with public interest.
- (16) **Governing Board**--Any governmental unit, as defined in §101.001 of the Texas Civil Practice and Remedies Code, or a board of trustees appointed by the governmental unit, that operates a secure facility or contracts for the operation of a secure facility. A juvenile board is an example of a governing board. As used in this chapter, this term does not include the Texas Juvenile Justice Board.
- (174) **Hazardous Material**--Any substance ~~that which~~ is explosive, flammable, combustible, poisonous, corrosive, irritating, or otherwise harmful and is likely to cause injury or death.
- (185) **Health Administrator**--A person, who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for juveniles.
- (196) **Health Assessment**--A focused assessment conducted for the purpose of validating screening results and making any needed referrals. The health assessment shall include: The process whereby the health status of an individual is evaluated, which may include questioning the patient regarding symptoms.
- (A) review of the health screening results;
- (B) collection of additional data to complete the medical, dental, and mental health histories;
- (C) recording of vital signs; and
- (D) initiation of referrals when appropriate.
- (2017) **Health Care Professional**--A term that includes physicians, physician assistants, nurses, nurse practitioners, dentists, medical and nursing care assistants, emergency medical technicians (EMT), and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for patients.
- (2148) **Health Service Authority**--The agency, organization, entity, or individual responsible for consulting and collaborating with the facility administrator and/or the health services coordinator to ensure a coordinated and adequate health care system is available to residents of the facility.
- (2249) **Housing Area**--An area within a secure juvenile facility that contains one or more any-single-occupancy housing ~~unit or~~ units (SOHU) and/or multiple-occupancy housing ~~unit or~~ units (MOHU).
- (230) **Housing Unit**--~~A unit within the housing area that may be designed and constructed as either a single-~~occupancy housing unit (SOHU) or a multiple-occupancy housing unit (MOHU).
- (241) **Individual Resident Sleeping Quarters**--A cell or room designed and constructed to securely house one resident.
- (25) **Intern**--An individual who performs services for the facility through a formal internship program that is part of an approved course of study through an accredited college or university or sponsored by a juvenile justice agency.
- (262) **Intra-Jurisdictional Custodial Transfer**--The transfer of a resident from a pre-adjudication secure detention facility into a post-adjudication secure correctional facility under the same administrative authority. This definition does not include placement in a privately operated secure post-adjudication facility located within the placing juvenile probation department's jurisdictional boundaries, even if the

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privately operated facility has the same juvenile board and/or governing board as the referring juvenile probation department.

(273) **Isolation**--The separation of a resident from other residents for assessment, medical, or protective purposes and the placement of the resident alone in an area from which egress is prevented ~~for assessment, medical, or protective purposes.~~

(284) **Juvenile**--A person who is under the jurisdiction of the juvenile court, confined in a juvenile justice facility, or participating in a juvenile justice program administered or operated under the authority of the juvenile board.

(295) **Juvenile Supervision Officer**--A person whose primary responsibility and essential function is the supervision of juveniles in a juvenile justice facility or a juvenile justice program operated by or under contract with the juvenile board.

(30) **Major Violations**--Rule violations that constitute only the following:

(A) serious behavior against persons or property; or

(B) behavior that poses a serious threat to institutional order and safety.

(3126) **Material Safety Data Sheet (MSDS)**--A document prepared by the supplier or manufacturer of a product clearly stating its hazardous nature, ingredients, precautions to follow, health effects, and safe handling/storage information.

(32) **Medical Diet**--Special diet ordered for a temporary or permanent health condition that restricts the type, preparation, and/or amount of food.

(3327) **Medical Entity**--An agency or organization that is primarily composed of health care professionals.

(3428) **Medical Treatment**--Medical care, including diagnostic testing (e.g., x-rays, laboratory testing, etc.), that is performed or ordered by a physician or physician assistant or is performed by a licensed nurse practitioner, emergency medical technician (EMT), paramedic, or licensed vocational nurse (LVN) according to their respective licensure.

(3529) **Mental Health Provider**--An individual who is licensed or otherwise authorized to provide mental health services by one or more of the following licensing boards:

(A) Texas State Board of Examiners of Psychologists;

(B) Texas State Board of Examiners of Professional Counselors;

(C) Texas State Board of Examiners of Marriage and Family Therapists;

(D) Texas Department of State Health Services;

(E) Texas Medical Board; or

(F) Texas State Board of Social Worker Examiners.

(369) **Mental Health Screening**--A process that includes a series of questions that are designed to identify a resident who is at an increased risk of having mental health disorders that warrant attention and a professional review.

(374) **Military-Style Program**--A program or component in a post-adjudication secure correctional facility for juvenile offenders that features military-style discipline and structure as an integral part of its treatment and rehabilitation program.

(38) **Minor Infractions**--Rule violations that do not represent serious behavior against persons or property and that do not pose a serious threat to institutional order and safety.

(392) **Multiple-Occupancy Housing Unit (MOHU)**--A housing unit designed and constructed for multiple-occupancy sleeping, which is self-contained and includes appropriate sleeping, sanitation, and hygiene equipment or fixtures.

(4033) **Non-Program Hours**--Time period when all scheduled resident activity for the entire resident population in the facility has ceased for the day.

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- (41) **Oral Cavity Search**--The visual examination of a resident's open mouth.
- (42) **Pat-Down Search**--A manual search in which the resident's outer clothing is patted down or searched.
- (43) **Perimeter**--The contiguous property on the exterior of the building to which residents have access for recreational activities, physical exercise, and other outdoor activities.
- (4434) **Physical Training Program**--Any program that requires participants to engage in and perform structured physical training and activity. This does not include recreational team activities or activities related to the educational curriculum (i.e., physical education).
- (4535) **Positive Screening**--A scored result of a completed mental health screening instrument ~~(i.e., MAYSI-2) recommending services~~ requiring referral to a primary service by a mental health provider ~~as described on the MAYSI-2 reference card.~~
- (4636) **Post-Adjudication Secure Correctional Facility ("Facility" or "Secure Facility")**--A secure facility administered by a governing board that includes construction and fixtures designed to physically restrict the movements and activities of the residents and is intended for the treatment and rehabilitation of youth who have been adjudicated. Subchapters A, B, D, and E of this chapter apply to all post-adjudication secure correctional facilities. A post-adjudication secure correctional facility does not include any non-secure residential program operating under the authority of a governing board.
- (4737) **Pre-Adjudication Secure Detention Facility ("Facility" or "Secure Facility")**--A secure facility administered by a governing board that includes construction and fixtures designed to physically restrict the movements and activities of juveniles or other individuals held in lawful custody in the facility and is used for the temporary placement of any juvenile or other individual who is accused of having committed an offense and is awaiting court action, an administrative hearing, or other transfer action. Subchapters A, B, C, and E of this chapter apply to all pre-adjudication secure detention facilities. A pre-adjudication secure detention facility does not include a short-term detention facility as defined by §51.12(j) of the Texas Family Code.
- (4838) **Premises**--~~One or more buildings. A building(s)~~ together with ~~their its~~ grounds or other appurtenances.
- (4939) **Primary Control Room**--A restricted or secure area from which entrance into and exit from a secure facility is controlled. The primary control room also contains the emergency, monitoring, and communications systems and is staffed 24 hours each day that residents are in the facility.
- (5040) **Professionals**--The following persons are considered professionals for limited purposes:
- (A) teachers certified as educators by the State Board for Educator Certification, including teachers certified by the State Board for Educator Certification with provisional or emergency certifications;
  - (B) educational aides or paraprofessionals certified by the State Board for Educator Certification;
  - (C) health care professionals licensed or certified by:
    - (i) the Texas Board of Nursing;
    - (ii) the Texas Medical Board;
    - (iii) the Texas Physician Assistant Board;
    - (iv) the Texas Department of State Health Services; or
    - (v) the Texas State Board of Dental Examiners;
  - (D) mental health providers as defined in paragraph ~~(35) (29)~~ of this section;
  - (E) qualified mental health professionals as defined in paragraph ~~(54) (44)~~ of this section;
  - (F) social workers licensed by the Texas Board of Social Worker Examiners;
  - (G) juvenile probation officers certified by the Texas Juvenile Justice Department; and
  - (H) commissioned law enforcement personnel.

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- (5144) **Protective Isolation**--The exclusion of a threatened resident from the group by placing the resident in an individual room that minimizes contact with the residents from a specific group.
- (5242) **Program Hours**--The time period ~~of no less than ten hours~~ when the resident population has scheduled activities, including and any shift changes that occur during the time period when the resident population has scheduled activities.
- (5343) **Psychological Evaluation**--A mental health assessment completed or supervised by a doctoral-level psychologist who is licensed by the Texas State Board of Examiners of Psychologists. At a minimum, a psychological evaluation must include the following elements:
- (A) ~~C~~linical interview;
  - (B) ~~P~~sycho-social evaluation, to include:
    - (i) family history;
    - (ii) community/living environment;
    - (iii) peer relationships; and
    - (iv) academic/vocational history;
  - (C) ~~R~~eview of the following files and associated records in the possession of the juvenile probation department:
    - (i) juvenile probation records;
    - (ii) mental health records;
    - (iii) medical records;
    - (iv) previous mental health testing records; and
    - (v) educational records;
  - (D) ~~P~~arent/guardian interview, unless the parent/guardian is unwilling to participate, and any other collateral interviews the psychologist deems appropriate, such as a teacher or the child's juvenile probation officer;
  - (E) ~~P~~sychometric testing, only if there is no record of psychometric testing within the past three years. Psychometric testing must be conducted with instruments that are recognized and accepted by the American Psychological Association or another professional mental health organization and must include:
    - (i) ~~A~~chievement assessment;
    - (ii) ~~P~~ersonality assessment; and
    - (iii) ~~I~~ntellectual assessment;~~and~~
  - (F) diagnostic impression; and
  - (G) ~~R~~eview of risks, strengths, and recommendations for intervention.
- (5444) **Qualified Mental Health Professional**--An individual employed by the local mental health authority or an entity who contracts as a service provider with the local mental health authority who meets the guidelines of the Texas Department of State Health Services.
- (5545) **Rated Capacity**--The maximum number of beds available in a facility that were architecturally designed as a housing unit.
- (5646) **Resident**--A juvenile or other individual that has been lawfully admitted into a juvenile pre-adjudication secure detention facility or a post-adjudication secure correctional facility.
- (5747) **Room Restriction**--The separation of a resident from other residents for behavior modification, and the placement of the resident alone in an area from which egress is prevented for 90 minutes or less.

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- ~~(5848)~~ **Secondary Screening**--A triage process that is brief and designed to clarify if a resident is in need of intervention or a more comprehensive assessment and what type of intervention or assessment is needed.
- ~~(5949)~~ **Serious Mental Illness**--A professional diagnosis of any of the following disorders: psychoses, schizophrenia, bipolar with psychotic features, depression with psychotic features, severe post-traumatic stress disorder, and schizoaffective disorders.
- ~~(60)~~ **Serious Property Damage**--Any damage equal to or greater than \$50.00.
- ~~(6150)~~ **Single--Occupancy Housing Unit (SOHU)**--A housing unit that is designed and constructed with separate and secure individual resident sleeping quarters and that includes appropriate sleeping, sanitation, and hygiene equipment or fixtures.
- ~~(62)~~ **Specialized Housing**--Any room or cell used for disciplinary seclusion, protective isolation, assessment isolation, or medical isolation.
- ~~(63)~~ **Standard**--An administrative rule adopted by TJJD in accordance with Texas Government Code Chapter 2001.
- ~~(64)~~ **Strip Search**--A visual inspection of a resident's body in a state of full or partial undress.
- ~~(51)~~ **Standard Screening Instrument**--An instrument approved by the TJJD that screens the juvenile's needs in the area of mental health.
- ~~(6552)~~ **TJJD**--The Texas Juvenile Justice Department.
- ~~(6653)~~ **Volunteer**--Individuals agreeing to perform services without compensation who have regular or periodic supervised contact or unsupervised contact with juveniles under the direction of the pre-adjudication or ~~and~~ post-adjudication secure juvenile facility.
- ~~(6754)~~ **Youth-on-Youth Sexual Conduct**--Two or more juveniles, regardless of age, who engage in deviate sexual intercourse, sexual contact, sexual intercourse, or sexual performance as those terms are defined in subparagraphs (A) - (D) of this paragraph.:
- (A) "Deviate sexual intercourse" means:
    - (i) any contact between any part of the genitals of one person and the mouth or anus of another person; or
    - (ii) the penetration of the genitals or the anus of another person with an object.
  - (B) "Sexual contact" means the following acts, if committed with the intent to arouse or gratify the sexual desire of any person:
    - (i) any touching by a person, including touching through clothing, of the anus, breast, or any part of the genitals of a person; or
    - (ii) any touching of any part of the body of a person, including touching through clothing, with the anus, breast, or any part of the genitals of a person.
  - (C) "Sexual intercourse" means any penetration of the female sex organ by the male sex organ.
  - (D) "Sexual performance" means acts of a sexual or suggestive nature performed in front of one or more persons, including simulated or actual sexual intercourse, deviate sexual intercourse, sexual bestiality, masturbation, sado-masochistic abuse, or lewd exhibition of the genitals, the anus, or any portion of the female breast below the top of the areola.
  - (E) A juvenile may not consent to the acts as defined in this paragraph under any circumstances. Consent may not be implied regardless of the age of the juvenile.

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## **§343.102. Interpretation and Applicability.**

Effective Date: ~~4/1/10~~

- (a) ~~**Headings.** The headings in this chapter are for convenience only and are not intended as a guide to the interpretation of the standards herein.~~
- (ab) ~~**Use of the Words “Including” and “Includes.”** When used in this chapter, the words “including” and “includes” are to be understood as introducing a non-exhaustive list, unless the context clearly indicates otherwise. The word “including”, when following a general statement or term, is not to be construed as limiting the general statement or term to any specific item or manner set forth or to similar items or matters, but, rather, as permitting the general statement or term to refer also to all other items or matters that could reasonably fall within its broadest possible scope.~~
- (be) ~~**Applicability.** This chapter applies to all secure juvenile pre-adjudication detention facilities and post-adjudication correctional facilities in this Sstate, except for a facility that are operated or certified by or under contract with a governing board. the Texas Youth Commission. This chapter does not apply to a facility that is licensed by a state governmental entity or that is exempt from licensure by state or federal law. Furthermore, all standards requiring written policies and procedures are expected to be implemented and practiced.~~
- (d) ~~**Compliance Resource Manual and Implementation of Agency Policy.** The Commission may establish by administrative rule or other reasonable agency policy, the required guidelines, procedures, and documentation necessary to ensure compliance and verification of the standards set forth in this chapter.~~

## **§343.104. Waivers and Variances.**

Effective Date: ~~4/1/10~~

Unless expressly prohibited by another standard, an application for a waiver or variance of any standard in this chapter may be submitted in accordance with §349.200 of this title.~~the governing board, the chief administrative officer, or facility administrator may make an application for waiver of any standard or standards adopted by the Commission in accordance with Chapter 349 of this title.~~

## ~~**§343.106. Variance.**~~

Effective Date: ~~9/1/10~~

~~Unless expressly prohibited by another standard, the juvenile board may make an application for variance of any standard or standards adopted by the Commission in accordance with §349.200 of this title.~~

## **§343.108. Document Retention.**

Effective Date:

The facility shall retain documents referenced in this chapter for at least one year after the most recent formal, comprehensive monitoring event conducted by TJJD unless a standard requires a longer retention period.

## **§343.110. Observation Records.**

Effective Date:

- (a) The requirements of this standard apply to each standard in this chapter in which a juvenile supervision officer is required to observe and record a resident's behavior, including §§343.286, 343.288, 343.290, 343.338, 343.348, 343.350, 343.402, 343.438, 343.442, 343.632, and 343.634 of this title.
- (b) All such observations shall be documented by the juvenile supervision officer who made the actual observation. The documentation shall indicate the exact hour and minute the visual observation was made and a general description of the resident's behavior.
- (c) If a facility uses an electronic system to record observations of residents, the system shall have the capability to:
- (1) allow juvenile supervision officers to record a general description of the resident's observed behavior; and
  - (2) print out the observation records.



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- (d) If a facility uses an electronic system that does not allow for the resident's behavior to be recorded at the time the observation is made, the facility shall maintain a supplemental log in which the officer conducting the observations documents, at the time of the observation, the resident's behavior.

## Subchapter B

### Pre-Adjudication and Post-Adjudication Secure Facility Standards

#### §343.200. Authority to Operate Secure Juvenile Facility.

Effective Date: 1/1/10

Pursuant to Texas Family Code Title 3, ~~a~~-pre-adjudication secure detention facility~~iesy~~ and ~~a~~-post-adjudication secure correctional facility~~iesy~~ for juvenile offenders may ~~only~~ be operated only by:

- (1) a governmental unit in this ~~S~~state; or
- (2) a private entity under a contract with a governmental unit in this ~~S~~state.

#### §343.202. Acceptance of Residents.

Effective Date: 1/1/10

A facility may only accept and admit a child, as that term is defined in §51.02~~(2)~~ of the Texas Family Code, or a person who is under the jurisdiction of the juvenile court who:

- (1) has been charged with or adjudicated ~~for of~~-an offense ~~or offenses~~-against the laws of this ~~S~~state;
- (2) is authorized to be detained or confined ~~under pursuant to~~-Title 3 of the Texas Family Code; or
- (3) is a juvenile adjudicated ~~for an of~~-offenses committed against the laws of another state or the United States whose confinement is authorized ~~under pursuant to~~-Chapter 342 of this title.

#### §343.204. Facility Governing Board.

Effective Date: 1/1/10

Each facility shall have a governing board that: ~~functions in an oversight capacity to the facility. The governing board shall be a governmental unit or a board of trustees appointed by the governmental unit that~~

- (1) ~~establishes and operates or contracts for the establishment and operation of the facility; and. The governing board for the facility shall~~
- (2) ~~provides~~ oversight of facility operations, policies, and procedures.

#### §343.206. Certification and Registration of Facility.

Effective Date: 1/1/10

Before ~~the facility~~ admits~~sting~~ residents, the juvenile board in the county where the facility is located, shall ensure:

- (1) ~~certify~~ the facility is certified in compliance with §51.12 or §51.125 of the Texas Family Code;
- (2) ~~designate~~ the number of pre-adjudication and post-adjudication beds is designated in the facility certification;
- (3) ~~register~~ the facility is registered with ~~TJJD the Commission~~ in compliance with §51.12 or §51.125 of the Texas Family Code; and
- (4) ~~post within a public area of the facility~~ the current facility certification and ~~TJJD's the Commission's~~ facility registration are posted within a public area of the facility.

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## §343.208. Policy, Procedure, and Practice.

Effective Date: 4/1/10

The governing board of the facility shall require that written policies and procedures exist governing the operation of all secure juvenile pre-adjudication detention and post-adjudication correctional facilities in the county. The policies, procedures, and practices of the facility shall include:

- (1) ~~policies that a policy in the following areas~~ strictly prohibiting:
  - (A) ~~physical, sexual or emotional~~ abuse, neglect, or exploitation of a resident, as defined in Texas Family Code §261.001 and §261.401, by any individual having contact with a resident of the facility;
  - (B) youth-on-youth sexual conduct ~~between residents~~;
  - (C) violations of the ~~juvenile supervision officer~~ code of ethics ~~and code of conduct~~ as outlined in Chapter 345 of this title;
  - (D) violations of any professional code of ethics or conduct by any individual providing services to or having contact with residents of the facility; and
- (2) a zero-~~tolerance~~ policy and practice regarding sexual abuse as defined by Chapter 358 of this title. ~~in accordance with the Prison Rape Elimination Act of 2003. The policy shall that provides for~~ administrative disciplinary sanctions and/or referral for criminal prosecution. ~~disciplinary sanctions.~~

## §343.210. Designation ~~and Qualifications~~ of Facility Administrator.

Effective Date: 4/1/10

~~(a)~~—The chief administrative officer or the governing board of the facility or their designee shall designate ~~one a single~~ facility administrator for each secure facility.

~~(b)~~—The facility administrator shall:

- ~~(1)~~—~~have acquired a bachelor degree conferred by a college or university accredited by an accrediting organization recognized by the Texas Higher Education Coordinating Board;~~
- ~~(2)~~—~~have either:~~
  - ~~(A)~~—~~one year of graduate study in criminology, corrections, counseling, law, social work, psychology, sociology, or other field of instruction approved by the Commission; or~~
  - ~~(B)~~—~~one year of experience in full-time case work, counseling, or community or group work:~~
    - ~~(i)~~—~~in a social service, community, corrections, or juvenile agency that deals with offenders or disadvantaged persons; and~~
    - ~~(ii)~~—~~the Commission determines the kind of experience necessary to meet this requirement; and~~
- ~~(3)~~—~~maintain an active Commission certification as a juvenile supervision officer.~~

## §343.212. Duties of Facility Administrator.

Effective Date: 9/1/13

- (a) The facility administrator shall be responsible for the daily operations of the facility. ~~and shall maintain an office at the facility. The facility administrator's office shall be located on the grounds of the facility. The facility administrator shall not maintain a satellite office to oversee the daily operations of the facility.~~
- (b) The facility administrator shall designate a certified juvenile supervision officer to be in charge during the facility administrator's ~~his or her~~ absence from the facility.
- (c) The facility administrator shall develop, implement, and maintain a policies and procedures manual for the facility and shall ensure the daily facility practice conforms to the policies and procedures detailed in the manual.



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- (d) The facility administrator shall review the facility's policies and procedures manual at least once each year, no later than the last day of the calendar month of the previous year's review, and maintain documentation of this review.
- (e) The facility administrator shall make ~~available~~ the policies and procedures manual available to all employees of the facility.
- (f) The facility administrator shall ensure that ~~each~~ all employees of the facility ~~is~~ are:
  - (1) trained on the provisions of the policies and procedures manual ~~that are provisions~~ relevant to the employee's job functions ~~during new employee orientation or~~ prior to beginning service at the facility ~~and maintain documentation of that training~~; and
  - (2) notified of or given access to, in a written or electronic format, all changes or modifications to the policies and procedures manual in a timely manner.
- (g) The facility administrator shall maintain documentation of the training described in subsection (f) of this section.
- (hg) The facility administrator or designee shall ensure that current, accurate, and confidential personnel records are maintained for each employee, which shall include:
  - (1) proof of age;
  - (2) documentation of criminal background checks conducted as required by Chapter 344 of this title;
  - (3) the completed application for employment;
  - (4) training records; and
  - (5) documentation of promotion, demotion, termination, and other personnel actions.
- (ih) The facility administrator or chief administrative officer of a private entity under contract with a governmental unit in this state shall provide the presiding officer of the juvenile board of the county in which the facility is located with periodic updates on the operation of the facility, including the following information to be provided at least every quarter:
  - (1) facility population and /capacity reports;
  - (2) number of serious incidents, by category, that occurred in the facility;
  - (3) number of resident restraints by type (i.e., e.g., personal, mechanical, and chemical);
  - (4) number of injuries to residents requiring medical treatment; and
  - (5) number of injuries to staff requiring medical treatment.
- (ji) The facility administrator or chief administrative officer shall ensure the accurate and timely submission of statistical data to ~~the~~ TJJJ in an electronic format or other format as requested by ~~the~~ TJJJ.
- ~~(j) The facility administrator or chief administrative officer shall ensure that all individuals employed by the facility who have unsupervised contact with residents are subjected to all required criminal history background checks as required by Chapter 344 of this title.~~

## §343.214. Data Collection.

Effective Date: 1/1/10

The facility administrator or chief administrative officer shall maintain and report to TJJJ ~~the Commission~~ electronically, or in the format requested, accurate statistics in the following areas:

- (1) total number of grievances;
- (2) total number of personal restraint incidents;
- (3) total number of mechanical restraint incidents;
- (4) total number of chemical restraint incidents;

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- (5) total number of non-ambulatory restraint incidents;
- (6) total number of disciplinary seclusions; and
- (7) total number of ~~detention~~ staff injuries resulting from interaction with residents.

## §343.218. Location and Operations.

Effective Date: 1/1/10

### (a) Co-located Facilities.

- (1) If the juvenile facility is located in the same building or on the same grounds ~~as of~~ any type of adult corrections facility, the juvenile facility ~~it~~ shall be a separate, self-contained unit.
- (2) All applicable federal and state laws pertaining to the separation of juveniles from adult inmates shall apply.
- (3) The facility shall submit information to and agree to monitoring from the Office of the Governor and/or the contract representative.

### (b) Separate Operations.

- (1) All pre-adjudication programs shall be operated separately from any post-adjudication programs.
- (2) Where a pre-adjudication program and a post-adjudication program are located in the same building or on the same grounds, direct verbal interaction and/or physical interaction ~~contact~~ between the two populations shall be kept to a minimum. Sight-and-sound separation is not required. Allowing the two populations to hear each other (non-interactive) and see each other does not constitute non-compliance with this standard.
- (3) During program hours, separate and distinct juvenile supervision officer supervision ratios shall be maintained in accordance with applicable standards in Subchapters C and D of this chapter if pre-adjudication and post-adjudication populations are sharing the same physical space and/or program activity.
- (4) During non-program hours, a single juvenile supervision officer may simultaneously satisfy the supervision ratios for pre-adjudication and post-adjudication populations housed in single-occupancy housing units.

- (c) **~~Non-Secure~~ Programming on Facility Premises for Non-Residents.** Any youths who participate in day programming on the facility premises s who are not residents of the facility shall be kept physically separated from residents of the facility at all times.

## §343.220. Population.

Effective Date: 1/1/10

- (a) The population of the facility shall not exceed the rated capacity of the facility.
- (b) A daily population roster shall be maintained in chronological order by date and shall be available for TJJD monitoring purposes. The population roster shall be current as of 5:00 a.m. daily.
- (c) The population roster shall include:
  - (1) the date and time the roster was compiled;
  - (2) the names of all residents in the facility;
  - (3) the sex of all residents in the facility;
  - (4) the housing assignment location (e.g., multiple/single-occupancy housing unit, assigned pod, bay, etc.) of all residents in the facility; and
  - (5) the total resident population for each day.

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## §343.222. Heating, ~~Cooling~~, and Ventilation.

Effective Date: ~~4/1/10~~

- (a) The facility shall provide fully functioning heating ~~and~~ ~~cooling~~ ~~and ventilation~~ systems adequate for the square footage of the facility. However, areas of a facility from which residents are restricted (e.g., mechanical rooms, storage rooms, etc.) are exempt from this requirement.
- (b) The facility shall provide a fully functioning ventilation system adequate for the square footage of the facility.
- (c) The facility shall maintain an ~~A~~alternate means of ventilation in the event that in the facility shall be maintained in case regular power is interrupted. The alternate means of ventilation shall ensure there is a mechanical means of bringing fresh air into and exhausting stagnant air out of all resident-occupied housing areas, such as placing an industrial-sized fan in front of an open door or window to bring in fresh air and placing another industrial-sized fan in front of another door or window to exhaust stagnant air.
- (d) Documentation of any malfunctions or repairs made to the heating, cooling, and ventilation systems shall be maintained in the facility's maintenance log.

## §343.224. Alternate Power Source.

Effective Date: ~~9/1/13~~

- (a) The facility shall have at least one ~~an~~ alternate source ~~(s)~~ of electrical power that provides for the simultaneous operation of life safety systems, including:
  - (1) emergency lighting other than flashlights;
  - (2) illuminated emergency exit lights and signs;
  - (3) emergency audible communication systems and equipment;
  - (4) fire detection and alarm systems;
  - (5) ventilation and smoke management systems; and
  - (6) all secure door ~~locking~~ mechanisms which operate exclusively on electric current.
- (b) The alternate power source system (i.e., the alternate power source and the required life safety system) shall be tested at least once every 15 calendar days to ensure the system is in working condition.
- (c) The alternate power source system ~~(e.g., the alternate power source and the life safety systems required to be operated)~~ shall be inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. This inspection must be completed by a person with qualifications established through work experience, relevant training, specialized licensure, or certification.
- (d) Each test and inspection of the alternate power source system shall be documented and include, ~~at a minimum~~, the test date and test results.
- (e) If ~~A~~any system malfunctions or maintenance needs of the alternate power source system that are identified during a test or at any other time and are not corrected immediately, shall require that a written maintenance request shall be immediately submitted to the appropriate personnel.
- (f) The facility shall maintain a log to document all tests, inspections, and maintenance performed on the alternate power source.
- (g) If a facility uses multiple alternate power sources (i.e., gas- or diesel-powered emergency generator and a battery backup), all of the alternate power sources shall be considered part of the alternate power source system.

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## §343.226. Lighting.

Effective Date: ~~1/1/10~~

- (a) ~~Lighting.~~ Adequate lighting shall be provided to all areas of the facility.
- (b) ~~Natural Lighting.~~ In facilities that began operating as secure pre- or post-adjudication facilities on or after September 1, 2003, All housing units, including specialized housing units, shall provide natural light from a source within the housing unit. If the housing unit contains individual resident sleeping quarters, each individual resident sleeping quarters shall: provide natural light available from a source within the housing unit. This standard also applies to all specialized housing.
- (1) have its own natural light source; and/or
  - (2) have a viewing window in the door or wall that allows for a direct line of sight to the natural light.

## §343.228. Dining Area.

Effective Date: 1/1/10

The dining area shall provide a minimum of 15 square feet of floor space per diner.

## §343.230. Specialized Housing.

Effective Date: ~~1/1/10~~

- (a) Any room or cell used utilized for the disciplinary seclusion, protective isolation, assessment isolation, or medical isolation of residents from the general population during program hours shall be equipped with:
- (1) an operable toilet above floor level;
  - (2) a washbasin with hot and cold running water ~~or a single control that produces warm water;~~ and
  - (3) a bed above floor level; and-
  - (4) access to natural light as described in §343.226 of this title.
- (b) Rooms or cells used for specialized housing shall meet the spatial requirements in:
- (1) §343.452 and §343.644 of this title if the room or cell is in a single-occupancy housing unit; or
  - (2) §343.474 and §343.656 of this title if the room or cell is in a multiple-occupancy housing unit.
- (c) The mattress may be temporarily removed from a specialized housing room or cell if the resident:
- (1) is actively damaging or destroying the mattress;
  - (2) is using the mattress for an unintended purpose (e.g., obstructing a doorway or window, folding to use as a makeshift stepstool, etc.); or
  - (3) has exhibited a documented pattern of disruptive behavior in an effort to be assigned to specialized housing to avoid educational instruction.

## §343.232. Housing for Residents with Physical Disabilities.

Effective Date: ~~1/1/10~~

All housing areas used by residents with ~~a~~ physical disabilities shall be designed for their use and provide for their safety and security in accordance with state and federal law.

## §343.234. Program Areas.

Effective Date: 1/1/10

The facility shall provide space for:

- (1) visitation;
- (2) religious activities;
- (3) interviewing and counseling; and
- (4) educational instruction.

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## §343.236. Secure Storage Areas.

Effective Date: 4/1/10

- (a) ~~Cleaning Supplies.~~ The area(s) used to store ~~Storage of~~ cleaning supplies and equipment shall be locked and not accessible to residents.
- (b) ~~Restraint Devices.~~ There shall be a location for secure storage of restraining ~~Restraint~~ devices and related security equipment shall be stored in a secure area when not in use. This equipment shall be readily accessible to authorized persons.
- (c) ~~Personal Property.~~ Space shall be provided for secure storage of ~~the resident's~~ personal property.

## §343.238. Hazardous Materials.

Effective Date: 4/1/10

- (a) The facility shall maintain a list of all hazardous materials used in the facility an inventory and a copy of the Material Safety Data Sheet (MSDS) for each all hazardous materials located in the facility.
- (b) Hazardous materials shall not be stored in the housing area of the facility.
- (c) Except as noted in subsection (d) of this section, The facility shall prohibit the use of all hazardous materials by residents.
- (d) Residents may use cleaning agents and paint only if: Exceptions. Materials manufactured specifically for cleaning purposes may be used by residents for cleaning areas of the facility
  - (1) access and use of the paint and/or cleaning agents by residents is strictly controlled and supervised by a under the constant supervision of the juvenile supervision officer;
  - (2) The residents are instructed must be provided instruction on the use of the hazardous material and the proper equipment as identified prescribed by the MSDS;
  - (3) the residents are provided the proper safety equipment identified by the MSDS; and
  - (4) use of the hazardous material is part of a routine housekeeping or maintenance assignment.
- (e) Any use of hazardous materials shall be ~~used~~ according to the manufacturer's instructions.
- (f) All staff whose responsibilities include the use of hazardous materials shall:
  - (1) be made aware of the location of the MSDS; and
  - (2) follow the prescribed guidelines in the MSDS.

## §343.240. Safety Codes.

Effective Date: 9/1/13

- (a) The following types of construction or renovation projects shall be designed, constructed, and maintained in accordance with the requirements of Chapter 22 of the Life Safety Code® (i.e., National Fire Protection Association 101):
  - (1) a new facility that begins operation as a secure juvenile pre-adjudication or post-adjudication facility on or after January 1, 2015; and
  - (2) an addition or major renovation to a facility that began operation as a secure juvenile pre-adjudication or post-adjudication facility before January 1, 2015. For purposes of this standard, a renovation project that requires the services of an architect or engineer is considered a major renovation.
- (b) The inspections described in this standard shall be conducted:
  - (1) under at least one of the following fire/safety codes: The facility shall conform to
    - (A) the provisions set forth in the Life Safety Code® (i.e., National Fire Protection Association (NFPA) 101); or

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- ~~(B) the International Fire Code®; and and/or any applicable state and local fire safety codes. The Life Safety Code may be substituted with local government ordinances or codes only if the local ordinances or codes are specifically written to include building occupancy for detention and correctional usage.~~
- ~~(2) by:~~
- ~~(A) the authorized governmental fire authority; or~~
- ~~(B) a person certified by the Texas Commission on Fire Protection.~~
- ~~(c) The facility shall obtain the following inspections:~~
- ~~(1) a formal A formalized Life Safety Code/fire safety inspection before shall be completed prior to the facility admits its first resident; and becoming operational.~~
- ~~(2) an annual fire/safety code inspection of all applicable fire codes. All subsequent Life Safety Code/fire safety inspections shall be conducted~~ no later than the last day of the calendar month of the previous year's inspection.
- ~~(d) Each Life Safety Code/fire safety inspection, including the annual inspection and any subsequent inspections, shall result in a written report that includes contains at least the following information:~~
- ~~(1) the identification of the specific code(s) used to complete the inspection. The code(s) used must be the Life Safety Code or the applicable state, municipal, or county specific fire code adopted by the jurisdiction;~~
- ~~(2) the name of the governmental entity that conducted the inspection, if applicable;~~
- ~~(3) the identification of any applicable code violations or infractions and the corresponding corrective action requirements;~~
- ~~(4) the name and title of the person conducting the inspection; and~~
- ~~(5) the date(s) of the inspection.~~
- ~~(e) Any violations and/or deficiencies noted in the annual inspection report shall be immediately addressed by the facility administrator or designee. The facility administrator shall develop and implement document a corrective action plan for to rectify all violations and/or deficiencies that cannot be immediately fixed.~~

## §343.242. Fire Safety Plan.

Effective Date: 4/1/10

- ~~(a) The facility shall maintain and have in effect a and available to all supervisory personnel, written copies of a fire safety plan.~~
- ~~(b) The fire safety plan shall:~~
- ~~(1) be available to all supervisory personnel;~~
- ~~(2) provide for the protection of all persons in the event of a fire by for their evacuation to areas of refuge and for their evacuation from the building when if necessary; and-~~
- ~~(3) The fire safety plan shall be coordinated with and reviewed by the fire authority legally committed to serve department whose jurisdiction includes the facility. The coordination and review efforts required in this standard shall be validated by written documentation prepared or attested to by a representative of the applicable fire authority. department.~~
- ~~(c) The fire safety plan shall include require that all employees be instructed to ensure the following:~~
- ~~(1) procedures for limitations on the numbers or amounts of books, clothing, and other combustible personal property allowed in sleeping rooms and the proper disposal of combustible refuse;~~
- ~~(2) a prohibition on using portable space heaters within the secure perimeter;~~

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- (3) a requirement for each staff member assigned to the facility to be instructed and drilled regarding his or her duties in the event of a fire to include the location and use of life safety and/or fire suppression equipment:
  - (A) during new employee orientation; and
  - (B) at least once every 365 days; and
- ~~(2) prompt evacuation of the facility; and~~
- (43) procedures for the use and control of flammable, toxic, and caustic materials.

## §343.244. Fire Safety Officer.

Effective Date: ~~1/1/10~~

- (a) The facility shall have a designated fire safety officer. The designation shall be in writing.
- (b) The fire safety officer shall:
  - (1) ensure a log for maintenance of a current fire drills log is maintained;
  - (2) ensure ~~that~~ fire drills are conducted as required by §343.246 of this ~~title~~chapter;
  - (3) ensure the posting of emergency evacuation plans as required by the applicable fire code for the facility; a plan for prompt evacuation of the facility as required by §343.246 of this chapter;
  - (4) implement procedures for limitations on the numbers or amounts of books, clothing, and other combustible personal property allowed in sleeping rooms and the proper disposal of combustible refuse; ~~and~~
  - (5) implement procedures for the use and control of flammable, toxic, and caustic materials~~;~~
  - (6) implement procedures to ensure that:
    - (A) the facility exits are clear of obstructions;
    - (B) the capacity of an exit route does not decrease in the direction of the exit; and
    - (C) exit doors are properly marked for evacuation in the event of a fire or other emergency; and
  - (7) ensure staff members are trained on the fire safety plan.

## §343.246. Fire Drills.

Effective Date: ~~1/1/10~~

- (a) ~~Required Fire Drills.~~ The fire safety officer or designee shall conduct a fire drills on each ~~all~~ shifts at least once every 90 calendar days.
- (b) All staff on duty in the facility shall participate in the fire drills.
- (c) Each staff member assigned to the facility shall be instructed and drilled regarding his or her duties in the event of a fire to include the location and use of life safety and/or fire suppression equipment:
  - (1) during new employee orientation; and
  - (2) at least once every 365 days.
- (d) The facility shall maintain a fire drill log that contains the date and time of each fire drill and the names of staff members conducting each fire drill.
- ~~(e) Exits. Facility exits shall be clear of obstruction and properly marked for evacuation in the event of fire or emergencies.~~
- ~~(d) Evacuation Plans. Facility emergency evacuation plans shall be posted in resident restricted areas.~~



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## §343.248. Non-Fire Emergency Preparedness Plan.

Effective Date: ~~1/1/10~~

The facility shall have an emergency preparedness plan that includes, but is not limited to, severe weather, natural disasters, disturbances or riots, national security issues, and medical emergencies. The plan shall address:

- (1) the identification of key personnel and their specific responsibilities during an emergency or disaster situation;
- (2) procedures for:
  - (A) alerting, notifying, activating, and deploying employees;
  - (B) identifying mission-essential functions;
  - (C) establishing alternate sites for the evacuation of residents; and
  - (D) identifying staff members with authority and knowledge of functions;
- (~~3~~) agreements with other agencies or departments; and
- (~~4~~) transportation to pre-determined evacuation sites.

## §343.249. Internal Security.

Effective Date: ~~1/1/11~~

- (a) ~~Policies and Procedures.~~ Written policies and procedures for security and control of the facility shall include the following:
  - (1) continued operations in the event of a work stoppage;
  - (2) provisions for the security, storage, and accessibility of: ~~key control;~~
  - (~~3~~) ~~control of the use of:~~
    - (A) keys;
    - (~~B~~) tools;
    - (~~C~~) medical equipment; and
    - (~~D~~) kitchen utensils~~stools;~~
  - (~~4~~) provisions to prevent firearms from entering the secure area of the facility, with the exception of a licensed peace officer who is officially responding to an active criminal event (e.g., hostage situation, resident riot, escape, etc.) within the facility; and
  - (~~5~~) provisions for coordination with law enforcement authorities in the case of escape or other situations requiring assistance from city, county, or state law enforcement agencies.
- (~~b~~) ~~Carrying of Firearms in Secure Facility Prohibited.~~ The policy set forth in subsection (a)(4) of this section shall include a provision to prohibit a juvenile probation officer authorized to carry a firearm under §142.006 of the Texas Human Resources Code from entering a secure area of the facility with a firearm.
- (~~c~~) ~~Documentation.~~
- (~~b~~) The facility administrator or designee shall ensure that the documentation of all special incidents, including, ~~but not limited to the~~ taking of hostages, escapes, and assaults, are documented.
- (~~2~~) A copy of the report shall be placed in the permanent file of any resident(s) involved in the incident.
- (~~d~~) ~~Video and Audio Surveillance.~~ Video and audio monitoring devices ~~may be utilized for security purposes but~~ shall not substitute for required levels of supervision by a juvenile supervision officer.



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## §343.250. External and Perimeter Security.

Effective Date: ~~1/1/10~~

- (a) The facility's perimeter shall be controlled by appropriate means to:
- (1) ensure that residents remain within the perimeter; and
  - (2) prevent access by the general public without proper authorization.
- ~~(a) The facility shall be constructed so that residents remain within the premises and the general public is denied access without authorization.~~
- (b) ~~Perimeter security shall be maintained at all times.~~ Any outdoor area in which residents are permitted shall be enclosed by a permanently erected fence or wall ~~to help prevent resident escapes and unauthorized public entry to the facility grounds.~~

## §343.260. Resident Searches.

Effective Date: ~~1/1/10~~

- (a) The facility shall have written policies and procedures regulating the search of juveniles being admitted into the facility and residents already within the facility's population.
- (ba) Residents shall ~~only~~ be subjected only to the following searches:
- (1) a pat-~~down~~ ~~or frisk~~ search, conducted by same-gender staff, as necessary for facility safety and security;
  - (2) an oral cavity search to prevent concealment of contraband and, to ensure the proper administration of medication;
  - (3) a strip search ~~in which the resident is required to surrender their clothing~~ based on the reasonable belief that the resident is in possession of contraband or ~~if there is~~ reasonable belief that the resident presents a threat to the facility's safety and security;
    - (A) a strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident;
    - (B) a strip search shall be performed in an area that ensures the privacy and dignity of the resident; and
    - (C) a strip search shall be conducted by a staff member of the same gender as the resident being searched; and
  - (4) an anal or genital body cavity search only if there is probable cause to believe the resident is that they are concealing contraband;
    - (A) an anal or genital body cavity search shall be conducted only by a physician or physician assistant. The physician or physician assistant shall be of the same gender as the resident, if available; and
    - (B) all anal and genital body cavity searches shall be conducted in an office or room designated for medical procedures; and
    - (C) all anal and genital body cavity searches shall be documented and ~~with~~ the documentation shall be being maintained in the resident's file.
- (cb) Staff members conducting ~~During~~ searches shall;
- (1) not touch ~~the~~ residents ~~shall not be touched~~ any more than is necessary to conduct a comprehensive search; and
  - ~~(2e)~~ make ~~Every~~ effort ~~shall be made~~ to prevent embarrassment or humiliation of ~~the~~ resident;
  - (3) refrain from excessively forceful touching, prodding, or probing that may cause pain or injury;
  - (4) refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks; and

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- (5) conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Staff members' communications during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and efficient search and to provide for resident, staff, and facility safety.
- (d) Probable cause for an anal or genital body cavity search shall be documented. This documentation shall include:
  - (1) name of the resident searched;
  - (2) date and time of the search;
  - (3) probable cause justifying the search;
  - (4) name and title of the physician conducting search; and
  - (5) contraband found, if applicable.

## §343.262. Hygiene Plan.

Effective Date: 1/1/10

- (a) Residents shall be given appropriate instruction on personal and oral hygiene and shall be provided the necessary articles to maintain proper personal cleanliness.
- (b) Facilities shall provide residents with hygiene items including:
  - (1) soap;
  - (2) shampoo;
  - (3) toothbrush;
  - (4) deodorant; and
  - (5) brush or comb.
- (c) Toothbrushes, non-spray deodorant, brushes, and combs shall not be shared.

## §343.264. Resident Showers. Personal Hygiene.

Effective Date: 1/1/10

Residents shall be provided the opportunity to shower:

- (1) daily; and or
- (2) after participating in strenuous exercise other than activities related to the educational curriculum (i.e., physical education).

## §343.266. Bedding.

Effective Date: 1/1/10

- (a) Each resident shall be provided suitable, clean bedding, including one two sheets, a pillow, and a pillowcase, a mattress, a mattress cover, and a blanket. Mattresses with an integrated pillow may be substituted for a separate pillow and a pillowcase.
- (b) Clean bed linens shall be issued at least once every seven calendar days.
- (c) Modifications to a resident's bedding items may be made in accordance with §343.340(a)(8) of this titlechapter. However,
- (d) In no case, shall residents on suicide supervision shall not be denied appropriate bedding substitutions.
- (de) If the resident has demonstrated a pattern of misused of bed linens or if staff have reason to believe the resident will misuse the bed linens, including which includes but is not limited to using the sheet(s) as a weapon, the sheet(s) may be substituted with a blanket. The actual misuse or reason to believe the resident will misuse the linens shall be documented.

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## §343.268. Towels.

Effective Date: 1/1/10

A clean towel shall be issued to each resident daily.

## §343.270. Clothing.

Effective Date: 4/1/10

- (a) Clean clothing shall be provided to each resident upon admission into the facility.
- (b) Clean ~~and disinfected~~ undergarments and socks shall be issued daily. Clean uniforms and other clean clothing shall be issued at least twice per week, with a maximum of 72 hours between exchanges.
- (c) Climate-appropriate clothing shall be provided to all residents in the facility for any outdoor programming or activities.
- (d) A resident identified as moderate or high risk for suicidal behavior on suicide supervision status may have his/her ~~their~~ clothing requirements modified per the facility's suicide prevention plan (see in §343.340 of this title chapter). However, in no case, shall residents on suicide supervision be left in an unnecessary state of undress.
- (e) While participating in activities with at least one other resident or when assigned to a multiple-occupancy housing unit, residents identified as moderate or high risk for suicidal behavior shall not be required to wear protective clothing specifically designed to reduce the likelihood of self-harm such as safety smocks, paper gowns, or quilted vests.

## §343.272. Facility Maintenance, Cleanliness, and Appearance.

Effective Date: 10/15/10

### (a) Housekeeping Plan.

The facility shall ~~have a written and~~ implemented a written housekeeping plan and provide verification for the maintenance of a clean and sanitary facility that promotes a safe and secure environment for residents.

#### (1) The plan shall ~~include~~ contain the following:

- (A) a schedule for periodic and routine cleaning and housekeeping, including:
  - (i) the identification of staff and resident responsibilities; and
  - (ii) the regular cleaning and disinfection of toilet and shower areas currently in use;
- (B) a requirement schedule for routine pest and vermin control; and
- (C) a requirement for facility staff to conduct a ~~the~~ weekly cleaning, safety, and maintenance inspection ~~by facility staff~~ of all areas of the facility that are currently in use.

#### (2) The housekeeping plan shall be accessible to facility staff.

### (b) Maintenance.

The facility administrator shall be responsible for ensuring that the interior physical plant, exterior grounds, and all equipment are in proper repair and safely functioning including, ~~but not limited to~~, the following requirements:

- (1) repairs shall be made promptly to all furniture, fixtures, and equipment currently in use that are not in safe working order;
- (2) all surfaces in facility areas currently being used shall be regularly maintained and repaired if damaged and shall be reasonably free from graffiti and markings, excluding minor damage from reasonable and expected wear and tear from normal use; and

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- (3) all exterior grounds currently used for programmatic purposes or accessed by staff, residents, or visitors ~~shall be~~ are free from any health and safety hazards and ~~shall be~~ are appropriately maintained to ensure ~~the~~ safe use by residents, staff, and visitors.

(c) **Cleanliness.**

All areas of the facility where residents reside or participate in programming or services shall be clean, sanitary, and reasonably free from debris, rodents, insects, and strong, offensive, or foul odors.

## §343.274. Resident Discipline Plan.

Effective Date: 1/1/10

Each facility shall develop and implement a written resident discipline plan that provides for the fair and consistent application of resident rules and sanctions. A resident discipline plan shall ~~minimally~~ include:

- (1) resident rule violations categorized into minor infractions and major violations, as well as the corresponding sanctions available to staff. ~~Minor infractions shall be limited to those rules which do not represent serious behavior against persons or property and behavior that does not pose a serious threat to institutional order and safety. Major violations shall be limited to those rules which constitute serious behavior against persons or property and behavior that poses a serious threat to institutional order and safety;~~
- (2) provisions to ensure that rule infractions or resident behaviors ~~that which~~ constitute probable cause for ~~an offense of~~ a class B misdemeanor offense or above shall be referred to the law enforcement agency with applicable jurisdiction for possible investigation and/or prosecution;
- (3) a listing of prohibited sanctions for residents that ~~minimally~~ includes:
  - (A) corporal punishment;
  - (B) humiliating punishment including verbal harassment of a sexual nature or that relates to a resident's sexual orientation or gender identity;
  - (C) allowing or directing one resident to sanction another;
  - (D) group punishment for the acts of individuals;
  - (E) deprivation or modification of required meals and snacks;
  - (F) deprivation of clean and appropriate clothing;
  - (G) deprivation or intentional disruption of scheduled sleeping opportunities;
  - (H) deprivation or intentional delay of medical and mental health services; and
  - (I) physical exercises imposed for the purposes of compliance, intimidation, or discipline with the exception of practices allowed in §343.710 of this title ~~chapter~~;
- (4) provisions requiring that a resident shall be provided written notice of the alleged major rule violation against him or her no more than 24 hours after the violation;
- (5) provisions for an informal process for residents to resolve ~~conflict with~~ rule infractions and the corresponding sanctions, if the facility chooses to employ such a process. ~~§ 343.274~~ This shall include established guidelines that provide instruction for residents and staff in using this informal process to review and resolve resident concerns. In no case, shall a resident be sanctioned or retaliated against for electing to forego the informal disciplinary review process when they are eligible for formal disciplinary reviews;
- (6) provisions for disciplinary reviews for major rule violations, including established requirements for ~~of~~ when to initiate formal disciplinary reviews and any ensuing appeals. The facility's policies and procedures shall not deny or restrict a formalized disciplinary review or appeal when one is requested by a resident with eligible standing; and
- (7) provisions for the administrative review and closure of formal disciplinary reviews that are not disposed of prior to a resident's discharge from the facility.

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## **§343.276. Formal Disciplinary Reviews for Major Rule Violations.**

Effective Date: 1/1/10

Residents that receive a major rule violation or sanction are eligible to request a formal disciplinary review. Upon such a request, a resident shall receive a formal disciplinary review within ten calendar days.

## **§343.278. Disciplinary Reviews for Residents in Disciplinary Seclusion.** Effective Date: 1/1/10

- (a) Residents in disciplinary seclusion shall receive the following due process reviews during the period of their seclusion. The reviews in paragraphs (1) and (2) of this subsection shall be conducted in a face-to-face setting by supervisory-level staff which shall not include any staff member involved in the alleged rule violation or the imposed sanction(s). Each of these two review procedures shall be appropriately documented and the corresponding documentation shall be retained in the resident's file. The following procedures shall be conducted:
- (1) If a resident is secluded for at least 24 hours, then the resident shall receive an informal disciplinary review which includes an overview of the facility's formal disciplinary review process. If the 24th hour of seclusion occurs during non-program hours, then the informal review shall be conducted no later than two hours after the start of ensuing day's program hour schedule.
  - (2) A resident assigned to an extended period of seclusion beyond 24 hours shall have a formal disciplinary review no later than his or her 72nd hour of seclusion per §343.280 of this chapter. If the 72nd hour of seclusion occurs during non-program hours, then the formal disciplinary review shall be conducted no later than two hours after the start of the ensuing day's program hour schedule.
- (b) A resident may choose to waive the right to a disciplinary review provided proper notification is given prior to the signing of the waiver. The waiver shall include the applicable rule violation and sanction plan.

## **§343.280. Formal Disciplinary Review Process.**

Effective Date: 1/1/10

The formal disciplinary review process shall, at a minimum, adhere to the following requirements:

- (1) Disciplinary reviews must be before a neutral and impartial person or board that shall not include any staff member directly involved in either the alleged rule violation or the imposed sanction.
- (2) Provisions shall be made for the disclosure of the evidence against the resident accused with a rule violation on his or her behalf.
- (3) A resident shall have the opportunity to be heard in person and to present evidence on his or her behalf.
- (4) A resident shall have the opportunity to request relevant witnesses on his or her behalf.
- (5) A resident shall have the opportunity to secure the aid of a staff member if the resident is illiterate, disabled, or otherwise unable to understand the nature of the proceedings.
- (6) If the disciplinary review determines that the resident did not commit a rule violation or that the corresponding sanction was inappropriate, facility staff shall restore or reinstate any denied or modified resident privileges.
- (7) At the conclusion of a disciplinary review, a written statement by the individual who conducted the disciplinary review or disciplinary board shall be prepared indicating the evidence relied upon and justification for the disposition. The statement shall be made available to the resident for review and a copy shall be retained in the resident's file.

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## **§343.282. Resident Appeals.**

Effective Date: 1/1/10

A resident may appeal the findings of a disciplinary review. The facility's resident discipline plan shall minimally include:

- (1) provisions for a documented appeals process before a neutral and impartial person or persons not a member of the disciplinary board. The appeals process shall afford each of the due process provisions enumerated in §343.280(2) - (7) of this chapter;
- (2) provisions that require the resident to submit the request for an appeal no later than seven calendar days after a disposition is rendered in the disciplinary review;
- (3) provisions that require the resident's appeal to be heard within 30 calendar days of resident's request; and
- (4) provisions for a written statement by the appeals officer or appellate board at the conclusion of the review indicating the evidence relied upon and justification for the disposition. The statement shall be made available to the resident for review and a copy shall be retained in the resident's file.

## **§343.284. Disciplinary Review Log.**

Effective Date:

The facility shall maintain a log or other documentation that shows the names of the residents who have requested:

- (1) an informal disciplinary review;
- (2) a formal disciplinary review; and/or
- (3) an appeal of a formal disciplinary review.

## **§343.285. Seclusion/Isolation Log.**

Effective Date:

The facility shall maintain a log that shows, in chronological order by date, the following information any time a resident is placed in disciplinary seclusion, room restriction, protective isolation, medical isolation, or assessment isolation:

- (1) resident's name;
- (2) type of seclusion or isolation (i.e., disciplinary, room restriction, protective, medical, or assessment);
- (3) time and date the seclusion or isolation began; and
- (4) time and date the seclusion or isolation ended.

## **§343.286. Room Restriction.**

Effective Date: 1/1/10

- (a) Room restriction may be used in increments of up to 90 minutes for behavior modification.
- (b) During room restriction, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.

## **§343.288. Disciplinary Seclusion.**

Effective Date: 9/1/13

- (a) Disciplinary seclusion may be used when a resident commits a major rule violation or poses an imminent physical threat to self or others.
- (b) A written disciplinary report which describes the resident's precipitating behavior and identifies the staff's response shall be completed promptly, but no later than the end of the shift on which the seclusion occurs. The report shall be submitted immediately to the facility administrator for review.



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- (c) Seclusion in excess of 24 hours shall be approved in writing by the facility administrator. The written approval of the facility administrator shall also be required for each subsequent 24-hour extension.
- (d) The seclusion of a resident with a known diagnosis of a serious mental illness requires consultation with a mental health provider prior to the authorization of any seclusion beyond a 24-hour period. If the seclusion occurs on a holiday or weekend and no mental health provider is available, the facility administrator or designee shall make a referral to a mental health provider and notify the mental health provider of the seclusion. The facility administrator shall consult with the mental health provider as soon as possible after the referral.
- (e) During disciplinary seclusion, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.
- (f) In addition to the requirements enumerated in subsections (a) - (c) and (e) of this section, the facility shall provide the secluded resident the disciplinary review mechanisms contained in §343.278 of this chapter.

## §343.290. Protective Isolation.

Effective Date: 1/1/10

- (a) Protective isolation may be ordered when a resident is physically threatened by a resident or a group of residents.
- (b) This decision shall be approved in writing by the facility administrator or designee.
- (c) While in protective isolation, a juvenile supervision officer shall observe and record the resident's behavior at random intervals not to exceed 15 minutes.
- (d) If the protective isolation of a resident exceeds 72 hours, the facility administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. If continued protective isolation is approved, the facility administrator or designee shall ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated resident is afforded all required program services during their period of protective isolation.

## §343.300. Nutritional Requirements.

Effective Date: 1/1/10

Meals shall contain a variety of foods and meet the dietary requirements of the United States Department of Agriculture ~~(USDA)~~.

## §343.302. Menu Plans.

Effective Date: 9/1/13

- (a) The facility shall develop and follow daily written menu plans. The menu plans shall incorporate all daily meals and snacks provided to residents.
- (b) Menu plans shall be reviewed and approved at least once each year, no later than the last day of the calendar month of the previous year's approval. The review and approval shall be conducted by a licensed or provisionally licensed dietician to ensure that the menu plans meet or exceed the requirements of the United States Department of Agriculture (USDA).
- (c) All deviations from the menu plan shall be documented.
- ~~(b) If a facility staff determines that there is a legitimate need to deviate from a previously approved written menu plan (e.g., delayed food delivery, spoiled/expired food, etc.), the reason for the deviation and menu substitution shall be fully documented. When menu substitutions are made, the substitution shall be of equal portions and equal nutritional value.~~



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## **§343.304. Menu Content.**

Effective Date: 1/1/10

~~Menus shall contain a variety of foods.~~

## **§343.306. Modified Diets.**

Effective Date: 1/1/10

- (a) Modified diets shall be provided upon the direction recommendation of a health care professional.
- (b) ~~or when~~ a resident's religious beliefs require ~~it~~, adherence to religious dietary laws, the facility shall make a reasonable and equitable effort to provide a modified diet, within the limitations of resources and the facility's need for safety, security, health, and order.
- (c) Religious diets shall be documented in the resident's record.

## **§343.308. Mealtime Prohibitions.**

Effective Date: 1/1/10

- (a) Residents shall not eat meals in their rooms unless it is necessary for facility safety and security (e.g., ~~it~~, assignment to disciplinary seclusion, medical isolation, ~~or~~ assessment isolation, or during a riot or rebellion).
- (b) When a resident is required to eat meals in his or her room, the resident shall be served meals that meet the same nutritional guidelines as meals served in the cafeteria, unless the resident is being served a medical or religious diet.

## **§343.310. Staff Meals.**

Effective Date: 1/1/10

~~If facility staff members eat in the presence of residents, on duty where residents are eating are not required to eat, but if they do, they the staff members~~ shall eat the same meal food served to the residents unless a special diet has been ordered by a health care professional or a staff member's staff's religious beliefs require a different meal.~~it.~~

## **§343.312. Daily Meal Schedule.**

Effective Date: 1/1/10

- (a) Three meals shall be provided daily to each resident in the facility.
- (b) At least two of the meals shall be hot.
- (c) No more than 14 hours may elapse between the evening meal and breakfast unless a snack is provided.
- (d) Residents shall be allowed no less than ten minutes to eat once they have received their meal food.

## **§343.314. On-site Food Preparation.**

Effective Date: 1/1/10

- (a) A facility that prepares food on site shall maintain a valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services (DSHS), unless one of the exceptions in subsection (b) or (c) of this section applies.
- (b) A privately operated facility that is located in an area regulated by DSHS shall obtain a permit through the Food and Drug Group of DSHS and shall renew the permit on an annual basis.
- (c) A county-operated facility that is located in an area without a local health department is exempt from the permit requirement in subsection (a) of this section. However, the facility shall maintain a current inspection by the Public Health Sanitation Group of DSHS.

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## §343.316. Off-~~s~~ite Food Preparation.

Effective Date: ~~4/1/10~~

- (a) A facility that regularly receives food from an off-site source shall maintain a copy of the source's valid permit and any required licenses issued by the local health department or the Texas Department of State Health Services. The transfer of such food to the facility shall be conducted in a manner to prevent contamination or adulteration.
- (b) If the facility receives food from an off-site source on a special occasion, the facility is not required to maintain a copy of any required permits or licenses for the additional off-site source.

## §343.320. Health Service Authority.

Effective Date: ~~4/1/10~~

- (a) The facility shall have a designated health service authority responsible for the development and implementation of a health care system protocols within the facility. The designation shall be in writing.
- (b) The health service authority shall be a physician, physician assistant, registered nurse, nurse practitioner, health administrator, or a medical entity.
- (c) When a medical entity is designated as the health service authority, an individual shall be identified as the primary point of contact.

## §343.322. Health ~~Care Services~~ Plan.

Effective Date: ~~4/1/10~~

- (a) ~~Health Service Plan.~~ The facility shall have and implement a written health service plan developed in consultation with the ~~designated~~ health service authority. The health service plan shall establish the facility's health care delivery system and detail the protocols for the delivery of medical, mental health, and dental services for all residents. The plan shall include:
  - (1) procedures for conducting health screenings and health assessments;
  - (2) procedures for the referral of residents in need of medical attention, either self-reported or identified by staff, for medical, mental health, and dental services;
  - (3) procedures for emergency health care services;
  - (4) procedures to ensure continuity of care in accordance with the instructions of the medical provider including the delivery of treatment, medication, referrals, follow up, and medically modified diets;
  - (5) procedures relating to informed consent as required by Texas Family Code Chapter 32 for medical, dental, psychological, and surgical treatment; immunizations; and counseling services;
  - (6) procedures relating to procurement, distribution, dispensing, disposal, and accounting of prescription and over-the-counter medication;
  - (7) procedures for performing all examinations, treatments, and other procedures in a confidential setting consistent with facility operations and security;
  - (8) procedures for off-premises transportation and evacuation of residents with medical restrictions;
  - (9) procedures for identification and control of communicable diseases;
  - (10) procedures for staff education and training relating to the facility's health care delivery system;
  - (11) procedures relating to first aid kit contents, location, and periodic inspections; and
  - (12) procedures for pregnant residents to receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care. These procedures shall also include procedures for the safe and appropriate restraint (both physical and mechanical) of pregnant residents.
- (b) ~~Review of Health Service Plan.~~ The health service plan shall be reviewed at least once every 24 months in consultation with the health service authority.

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## §343.324. Health Services Coordinator.

Effective Date: 4/1/10

- (a) The facility shall have a designated health services coordinator on staff or on contract to coordinate health care delivery in the facility. Designation of the health services coordinator shall be in writing.
- (b) If the health services coordinator is not a health care professional, the health services coordinator shall receive special training in health care and health care service delivery topics relevant to detention and correctional facilities and be familiar with local health care providers and facilities. The facility shall work in conjunction with the health service authority to determine the topics of this specialized training.

## §343.326. Medical Referral.

Effective Date: 1/1/10

If a staff member observes any resident to be in need of medical attention or if a resident requests medical attention, the resident shall be referred for medical services. The resident may not be denied access to health care if the resident will only disclose the condition or reason for the treatment request to a health care professional.

## §343.328. Consent for Medical Treatment.

Effective Date: 1/1/10

- (a) Consent for medical treatment shall be secured in accordance with Chapter 32 of the Texas Family Code.
- (b) Documentation of consent for medical treatment received, ~~in accordance with Chapter 32 of the Texas Family Code,~~ shall be maintained in the ~~applicable~~ resident's files.

## §343.330. Medical Treatment for Victims of ~~Sexual~~ Abuse.

Effective Date: 1/1/10

- (a) Testing for sexually transmitted diseases, including HIV/~~AIDS~~, shall be made available to a resident who ~~is found in, at the conclusion of~~ an internal investigation or ~~TJJD Commission~~ investigation ~~of abuse, neglect or exploitation, is found~~ to have been abused, neglected, or exploited in a manner by which any physical injuries may have occurred or any sexually transmitted disease may have been contracted. The ~~cost of the~~ testing services and any subsequent medical treatment services shall be at no cost ~~not be assessed~~ to the resident or the resident's family.
- (b) Determinations as to what testing and treatment services are medically necessary and appropriate shall be made by a health care professional or in direct consultation with a health care professional.

## §343.332. Behavioral Health Care Services for Sexual Abuse Victims.

Effective Date: 9/1/13

- (a) A mental health provider shall assess any resident who, at the conclusion of an internal investigation or TJJD investigation of abuse, neglect, or exploitation that occurred in the facility, is found to have been the victim of a sexual assault. The mental health provider shall assess the need for crisis intervention counseling and any subsequent long-term, follow-up, or counseling services. The ~~cost of the~~ assessment and any subsequent counseling services shall be at no cost ~~not be assessed~~ to the resident or the resident's family.
- (b) Determinations as to what assessment and counseling services are necessary and appropriate shall be made by a mental health provider or in direct consultation with a mental health provider.

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## §343.334. Confidentiality.

Effective Date: 1/1/10

- (a) All medical and mental health screenings and assessments shall be conducted in a confidential setting consistent with facility operations and security.
- (b) All interactions between a resident and a health care professional that involve treatment or an exchange of confidential medical information shall be conducted in private. The facility's policies and procedures may authorize a juvenile supervision officer to be present in the following situations:
  - (1) if the resident poses a substantial risk to the safety of the health care professional or others;
  - (2) if the facility has a written policy requiring the presence of a juvenile supervision officer during medical treatment;
  - (3) if the health care professional or resident requests the presence of a juvenile supervision officer during the treatment; or
  - (4) if the circumstances or situation indicate the presence of a juvenile supervision officer is necessary and prudent.

## §343.336. ~~Prescription~~ Medication Administration.

Effective Date: 1/1/10

- (a) ~~Use of Medication.~~ Except upon the order of a physician, physician assistant, dentist or nurse practitioner, ~~a~~ No stimulant, tranquilizer, or psychotropic drug shall be administered to residents without an order from a physician, physician assistant, dentist, or nurse practitioner.
- (b) ~~Medication Policy.~~ The ~~juvenile board or~~ governing board of the facility shall adopt a policy concerning the administration of medication to residents. The policy shall include:
  - (1) a listing of specify which facility personnel are authorized to administer medication to residents;
  - (2) a requirement that, for any medication brought into the facility by the resident's parent, guardian, or custodian:
    - (A) the facility administrator shall have a written request from the parent, guardian, or custodian to administer the medication; and
    - (B) the medication shall be in the original, properly labeled container;
  - (3) a requirement that all medication prescribed to the resident during the resident's stay is administered; and
  - (4) a requirement to document each administration of medication.
- (c) ~~Non-prescription Medication.~~ Only staff who have had appropriate training in the administration of medication shall administer non-prescription medication (i.e., over-the-counter medication). The medication shall be administered according to the product instructions unless:
  - (1) otherwise instructed by the health services coordinator instructs otherwise;
  - (2) the health services coordinator is a health care professional; and
  - (3) the deviation from the product's instructions and the reason for it are documented.

## §343.338. Medical Isolation.

Effective Date: 1/1/10

Medical isolation may be authorized as a health precaution at the direction of a health care professional or the facility administrator.

- (1) The reasons for the medical isolation of a resident shall be documented and a copy placed in the resident's file.

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- (2) A resident ~~who that~~ has been placed on medical isolation by a facility administrator shall be seen by a health care professional within 12 hours ~~after of the start of the initial medical~~ isolation. Upon completion of the health care professional's evaluation, the facility shall obtain from the health care professional a written recommendation as to the need for the resident's continued medical isolation and need for ongoing treatment services.
- (3) During medical isolation, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.

## §343.340. Suicide Prevention Plan.

Effective Date: 9/1/13

- (a) ~~Plan-~~ The facility shall implement have a written suicide prevention plan, developed in consultation with a mental health provider. Consultation with the mental health provider shall be verified on documentation containing:
  - (1) the date;
  - (2) the provider's name, title, and professional credentials/licensing designation (e.g., LPC, LMSW, etc.); and
  - (3) the provider's signature or other means of verifying the provider's identity (e.g., email from the provider's email account).
- (b) The suicide prevention plan shall include: that, at a minimum, addresses the following components:
  - (1) definitions of moderate and high risk for suicidal behavior;
  - (2) a listing of the facility-specific criteria associated with each of the two risk classifications and the identification of staff with the authority and responsibility for assigning or determining a resident's risk classification;
  - (3) identification of the suicide screening instrument to be used and the personnel responsible for conducting the screening;
  - (42) policies and procedures for suicide screening, including:
    - (A) conducting a screening within two hours after a resident's methodology to assess and assign a resident's risk of suicide upon admission into the facility;
    - (B) conducting suicide screenings and upon any indication a resident previously screened may now be at moderate or high risk for suicidal behavior or at other times during a resident's stay;
    - (C) assessing. The screening methodology shall include specific provisions regarding the assessment of risk when a resident refuses or is unable to cooperate with the screening process; and
    - (D) using information from the screening to determine a resident's risk for suicidal behavior;
  - (53) policies and procedures for written and/or verbal communication protocols among facility staff, mental health providers, the resident's juvenile probation officer, the resident, and the resident's parent, legal guardian, or custodian, including:
    - (A) communication about staff concerns that regarding observations or indications a resident previously screened may now be at moderate or high risk for suicidal behavior;
    - (B) communication about a resident's past or current classification as moderate or high risk for suicidal behavior;
    - (C) procedures for referring residents classified as moderate or high risk for suicidal behavior to a mental health provider as required by §343.346 of this title; and
    - (D) identification of which types of information must be communicated, who is responsible to initiate the communication, who is required to receive the information, and how the information is communicated (e.g., direct contact, telephone, email, etc.);

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- (64) level of supervision for residents assigned to moderate or high risk for suicidal behavior;
- (75) policies and procedures for intervening in suicide attempts, including:
  - (A) staff responsibilities for administering first aid, contacting outside emergency medical services, and notifying other staff for assistance;
  - (B) the process by which emergency medical services personnel will gain access to the facility and how they be guided to the resident;
  - (C) identification and location of life-saving and emergency equipment (e.g., first aid kit, mask resuscitator, rescue tools, ladder, etc.) that is available for staff to use; and
  - (D) identification of personnel responsible for maintaining, issuing, and using the life-saving and emergency equipment;
- (86) reporting of resident suicides and attempted suicides, in accordance with any applicable state law, administrative rule, standard, or local policy or ordinance, including:
  - (A) reporting a resident's death to local law enforcement and TJJD as required by §358.600 of this title;
  - (B) reporting the death of an incarcerated resident to the Texas Attorney General's office as required by §358.640 of this title and Texas Code of Criminal Procedure Article 49.18(b); and
  - (C) reporting a resident's attempted suicide to TJJD as required by §358.300 of this title;
- (97) policies and procedures for staff training all juvenile supervision officers on the contents and implementation of the suicide prevention plan, including:
  - (A) identification of the training topics and curriculum; and
  - (B) a timeline for the initial training and any follow-up training;
- (108) housing of residents classified as assigned to moderate or high risk for suicidal behavior, including the removal of from the resident's presence any dangerous objects such as which may include clothing and bedding items from the resident; and
- (119) policies and procedures for conducting mortality reviews for suicides, including:
  - (A) identification of the person or position that is responsible for leading the mortality review and identification of any other review team members;
  - (B) identification of how the findings and recommendations will be recorded and relayed to the facility's governing board;
  - (C) a requirement that the mortality review shall be:
    - (i) designed to review the specific circumstances that occurred before, during, and after the suicide to determine if there is a need for modifications to policies, procedures, or the physical plant; and facility's compliance and possible needed revisions to the suicide prevention plan following a resident's suicide
    - (ii) separate and distinct from any and all formal investigations such as investigations conducted by the facility, law enforcement, or TJJD.

~~(b) **Implementation.** The facility shall implement the suicide prevention plan, and all residents shall be screened and assessed for suicide risk upon admission and as necessary thereafter.~~

## §343.342. Review and Dissemination of Suicide Prevention Plan.

Effective Date: 9/4/13

- (a) The suicide prevention plan shall be reviewed in consultation with a mental health provider at least once each year, no later than the last day of the calendar month of the previous year's review. Consultation with the mental health provider shall be verified on documentation that includes:



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- (1) the date;
  - (2) the provider's name, title, and professional credentials/licensing designation (e.g., LPC, LMSW, etc.); and
  - (3) the provider's signature or other means of verifying the provider's identity (e.g., email from the provider's email account).
- (b) The suicide prevention plan shall be ~~disseminated or~~ made available to all facility staff involved in implementing the ~~having responsibilities named or enumerated in the facility's suicide prevention plan.~~

## §343.346. Mental Health Referral of High-Risk Suicidal Youth.

Effective Date: 9/1/13

- (a) The facility shall refer a resident classified as high risk for suicidal behavior to a mental health provider or mental health agency within 24 hours after from the classification is assigned. time the resident is classified as such.
- (b) The facility shall maintain ~~written~~ documentation that the referral was made. The documentation shall include:
- (1) the name and title of the person who notified the mental health provider;
  - (2) the name and title of the mental health provider or name of the mental health agency notified;
  - (3) the date and time of the notification;
  - (4) the method of notification; and
  - (5) a brief description of the response provided by the mental health provider or a responsive document from the mental health provider.

## §343.348. Supervision of High-Risk Suicidal Youth.

Effective Date: 9/1/13

- (a) ~~Observation.~~ For residents classified as high risk for suicidal behavior, During non-program hours or any time a resident is separated from other residents, the following supervision requirements shall apply unless an exception in §343.446 and §343.638 of this title applies: classified as high risk for suicidal behavior is secluded from the general population:
- (1) the resident shall be under the continuous, uninterrupted visual supervision of a juvenile supervision officer; ~~and~~
  - (2) the ~~supervising~~ juvenile supervision officer shall document his or her personal observations of the a high-risk resident at intervals not to exceed 30 minutes; and
  - (3) if the juvenile supervision officer is providing the continuous, uninterrupted visual supervision from within a control room, the officer shall not simultaneously be responsible for the operation of the control room.
- (b) ~~Required Documentation.~~ The following documentation shall be maintained for ~~high-risk~~ residents classified as high risk for suicidal behavior:
- (1) the date and time the resident was classified as high risk ~~for suicidal behavior;~~
  - (2) name and title of the person who classified the resident as high risk ~~for suicidal behavior;~~
  - (3) a description of the resident's behavior and/or factors that led up to the resident's classification as high risk ~~for suicidal behavior;~~
  - (4) the name of each the juvenile supervision officer providing supervision of the resident and the times during which each officer provided supervision;
  - (5) the location of the resident's supervision;
  - (6) ~~the date and time the resident was reclassified as no longer being high risk for suicidal behavior; and~~



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- (67) the name and title of the qualified mental health professional, mental health provider, or physician who recommended ~~the~~ reclassification of the resident to a lower risk level; and as no longer being high risk for suicidal behavior
- (7) the date and time the resident was reclassified.
- (c) **Reclassification.** Reclassification of a high-risk resident ~~designated as high risk for suicidal behavior~~ to a lower risk level shall not occur without a ~~only be determined by the facility administrator with the~~ recommendation from ~~of~~ a qualified mental health professional, ~~a~~ mental health provider, or ~~a~~ licensed physician.
- (1) Prior to recommending reclassification, a qualified mental health professional, mental health provider, or ~~a~~ licensed physician shall ~~conduct a review of~~ the resident's current suicide risk and issue a written recommendation that which ~~addresses~~ the following:
- (A) the need to re-classify the resident's suicide risk level;
- (B) the need for intervention strategies and/or services during the resident's stay at period of confinement within the facility; and
- (C) the need for additional assessment~~(s)~~, screening~~(s)~~, or evaluation~~(s)~~.
- (2) The written recommendation of the qualified mental health professional, mental health provider, or licensed physician shall be maintained in the resident's record.
- (3) The facility administrator or designee shall review the written recommendation of the qualified mental health professional, mental health provider, or licensed physician prior to reclassifying a high-risk resident to a lower risk level ~~as no longer at high risk for suicidal behavior~~.
- (4) Only the facility administrator or designee shall authorize the reclassification of a high-risk resident to a lower risk level. ~~classified as high risk for suicidal behavior under this subsection.~~

## §343.350. Supervision of Moderate-Risk Suicidal Youth.

Effective Date: 9/1/13

- (a) **Observation.** Any time a resident ~~is~~ classified as ~~a~~ moderate risk for suicidal behavior and is not in the constant physical presence of a juvenile supervision officer, in individual sleeping quarters, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed ten minutes, unless an exception in §343.446 and §343.638 of this title applies. If the juvenile supervision officer is making the observations from within a control room, the officer shall not simultaneously be responsible for the operation of the control room.
- (b) The following documentation shall be maintained for residents classified as moderate risk for suicidal behavior: Required Documentation. When providing supervision at random intervals, the juvenile supervision officer shall document:
- (1) the date and time the resident was classified as moderate risk ~~for suicidal behavior~~;
- (2) the location of the resident's supervision;
- (3) the name of the juvenile supervision officer providing supervision of the resident;
- (4) each visual observation made and the time of the observation; and
- (5) a general description of the resident's behavior.
- (c) **Reclassification.** Only the facility administrator or designee shall authorize the reclassification of a ~~resident classified as moderate-risk~~ resident to a higher or lower risk level. ~~for suicidal behavior under this section.~~
- (d) Documentation of the reclassification shall be maintained in the resident's record.

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## §343.351. Suicidal Youth Log.

Effective Date:

- (a) The facility shall maintain a log for all residents classified as moderate or high risk for suicidal behavior. The log shall show, in chronological order by date, the following information:
- (1) name of the resident;
  - (2) date and time the resident was classified as moderate or high risk for suicidal behavior; and
  - (3) date and time the resident was removed from classification as moderate or high risk for suicidal behavior.
- (b) The log is not required to show reclassifications between high risk and moderate risk status.

## §343.352. Visitation.

Effective Date: 1/1/10

- (a) Residents have the right to receive visitors and to communicate subject only to the limitations authorized in §343.354 of this ~~title, chapter.~~
- (b) Residents shall be allowed visitation by a parent, legal guardian, or custodian at least once every seven calendar days for at least thirty minutes or the equivalent over multiple visits.
- (c) The parent, legal guardian, or custodian of the resident shall be notified ~~provided a copy~~ of the visitation schedule.
- (d) A registry of all visitors shall be maintained. The registry shall ~~to~~ document:
- (1) each visitor's ~~the~~ name and relationship to the resident; and
  - (2) the date and time of each visit.

## §343.354. Limitations on Visitation.

Effective Date: 1/1/10

- (a) The policies, procedures, and practices of the facility may deny ~~limit~~ a resident's visitation rights listed in §343.352(b) of this title only to the extent required to maintain control and security of the facility.
- (b) ~~Restrictions on a~~ resident's visitation rights listed in §343.352(b) of this title shall not be denied ~~imposed~~ as a disciplinary sanction.
- (c) The facility administrator or designee shall provide ~~written~~ documentation justifying any denial of restriction ~~placed on~~ a resident's visitation rights.
- (d) ~~A resident shall not be denied communication or visitation with a parent, legal guardian, or custodian for a prescribed period of time after admission into the facility.~~

## §343.356. Access to Attorney.

Effective Date: 1/1/10

- (a) Residents shall be permitted reasonable access to confidential contact with their attorneys and the resident's attorney and their designated representatives of their attorneys through telephone, uncensored letters, and personal visits.
- (b) Residents shall not be within the audible range of facility staff or other residents but may be within visual observation of facility staff when making telephone calls or visiting with the residents' attorneys or their attorneys' designated representatives.

## §343.358. Telephone.

Effective Date: 1/1/10

- (a) A resident shall be provided the opportunity for at least one five--minute phone call every seven calendar days. The facility shall maintain documentation detailing phone call opportunities provided to residents.

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- (b) ~~Restrictions on a~~ resident's right to telephone usage listed in subsection (a) of this section shall not be ~~restricted imposed~~ as a disciplinary sanction.
- (c) Any restrictions placed on a resident's telephone usage shall be documented and the documentation shall be maintained in the resident's record.
- (d) The facility shall have written policies and procedures regarding the rules for reasonable and fair telephone access by residents.
- (ee) The parent, legal guardian, or custodian of the resident shall be notified of ~~provided a copy of~~ the facility's policy regarding telephone usage.

## §343.360. Mail.

Effective Date: 1/1/10

- (a) Residents shall be provided access to writing materials and postage for no fewer than two letters every seven calendar days.
- (b) When a resident is released or transferred from the facility, the resident's ~~his or her~~ mail shall be forwarded to his or her ~~the resident's~~ new address or returned to the sender.
- (c) Money received in the mail shall be held for the resident in his or her ~~their~~ personal property inventory, with a receipt provided, or returned to the sender.

## §343.362. Limitations on Mail.

Effective Date: 1/1/10

- (a) ~~Authorized Limitations.~~ A resident's rights to privacy and correspondence may not be limited except when:
  - (1) a reasonable belief exists ~~to suspect~~ that the correspondence is part of an attempt to formulate, devise, or otherwise effectuate a plan to escape from the facility, or to violate state or federal laws. If a reasonable belief such cause ~~exists~~, ~~then~~ facility staff shall:
    - (A) ask the resident's permission to read the letter;
    - (B) if permission is denied, request a search warrant prior to opening and reading the letter; and
    - (C) if a search warrant request is denied, the correspondence shall be provided to the resident; or
  - (2) correspondence with certain individuals is specifically forbidden by:
    - (A) the resident's juvenile ~~court-ordered~~ rules of probation or parole;
    - (B) the facility's policies, procedures, and practices that restrict and/or limit residents' correspondence with:
      - (i) other facility residents;
      - (ii) witnesses or parties in law enforcement investigations or investigations before the court;
      - (iii) participants in pending or active court proceedings; and/or
      - (iv) victims attached to related juvenile or criminal referrals, investigations, or related proceedings ~~rules of separation~~; or
    - (C) a specific list of individuals furnished by a resident's parents, legal guardians, or custodians ~~indicating who they feel should not communicate with the resident.~~
- (b) ~~Returning Mail. Such i~~ Incoming correspondence described as identified in subsection (a)(2) of this section shall be returned unopened to the sender.
- (c) ~~Withholding Mail.~~ When mail is withheld from a ~~the~~ resident, the reasons shall be documented and a copy shall be maintained ~~placed~~ in the resident's file.

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## **§343.364. Legal Correspondence.**

Effective Date: ~~4/1/10~~

Residents shall be furnished adequate postage for legal correspondence during their ~~stay~~ confinement in the facility.

## **§343.366. Inspection of Mail.**

Effective Date: 1/1/10

Mail may be opened by staff only in the presence of the resident with inspection limited to searching for contraband.

## **§343.368. Illegal Discrimination.**

Effective Date: 1/1/10

Residents shall not be subjected to discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or disability.

## **§343.370. Prohibited Supervision.**

Effective Date: 1/1/10

Residents shall not be subjected to supervision and control by other residents.

## **§343.372. Work by Residents.**

Effective Date: ~~1/1/10~~

- (a) Residents may be required to perform the following types of work ~~responsibilities~~ without monetary compensation:
  - (1) assignments ~~that which~~ are part of a formalized vocational training curriculum;
  - (2) tasks performed as a community service pursuant to a juvenile court order; and
  - (3) routine housekeeping chores ~~that which~~ are shared by all youth in the facility, including general facility maintenance.
- (b) Residents shall not be permitted to perform any work prohibited by state or federal regulations pertaining to child labor.
- (c) Repetitive, purposeless, or degrading make-work is prohibited.
- (d) A resident's work assignments shall be excused or temporarily suspended if medically contra-indicated.
- (e) Residents shall be provided with the necessary supervision, ~~appropriate~~ tools, cleaning implements, and clothing to safely and effectively complete their assignments.
- (f) Residents shall not perform personal services for staff, contractors, or volunteers.

## **§343.374. Experimentation and Research Studies.**

Effective Date: ~~1/1/10~~

- (a) **Experimentation.**

Participation by residents in medical, psychological, pharmaceutical, or cosmetic experiments is prohibited.
- (b) **Research Studies.**
  - (1) Participation by residents in medical, psychological, pharmaceutical, or cosmetic research is prohibited unless:
    - (A) the research study is approved in writing by the juvenile board or its designee; and subject to the following guidelines:
    - (B4) ~~The~~ juvenile board has adopted ~~shall promulgate approved~~ policies that:

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- (i) govern all authorized research studies;
  - (ii) prohibit studies that include medically invasive procedures; and shall be prohibited.
  - (iii) adhere to all federal requirements governing human subjects and confidentiality.
- (2) If the juvenile board authorizes a board member or staff member to approve research studies on behalf of the board, the authorization shall be in writing.
- (32) Approved research studies shall adhere to all applicable policies of the authorizing juvenile board.
- (43) Research studies approved by the juvenile board shall be reported to TJJD before the study begins ~~the Commission~~ in a format prescribed by TJJD ~~the Commission prior to the commencement of the study.~~
- (54) The results of the study shall be made available to TJJD upon completion of the study. ~~the Commission upon request from the facility administrator, chief administrative officer, or juvenile board.~~
- (5) ~~Policies governing research studies shall adhere to all federal requirements governing human subjects and confidentiality.~~

## §343.376. Resident Grievance Process.

Effective Date: 4/1/10

- (a) Written policies, and procedures, and as well as actual practices, shall demonstrate that there is a formalized grievance process to address residents' complaints about their treatment and facility services.
- (b) At a minimum, the formalized grievance process shall include the following policy, procedural, and practice elements:
- (1) Staff members shall not deny a resident the opportunity ~~Residents' ability~~ to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility.
  - (2) Residents shall have with full access to the grievance process, including forms and methods of submission. If the resident cannot read or otherwise understand the grievance process, a staff member or translator shall read and explain the process to the resident.
  - (32) A written response and resolution shall be provided to the resident no later than to all grievances:
    - (A) 10 ~~shall be resolved no later than ten~~ calendar days after from the date the grievance is received by pre-adjudication staff; or
    - (B) shall be resolved no later than 30 calendar days after from the date the grievance is received by post-adjudication staff.
  - (4) Documentation of the resident's acknowledgment of the resolution shall be maintained.
  - (53) Grievances shall be Confidentiality, with access limited to those involved in providing responses and administrative review. of grievance without fear of reprisal; Retaliation against residents for filing a grievance shall be prohibited.
  - (64) At The designation of at least one grievance officer shall be designated in writing.;
  - (75) Residents shall be provided Aat least one level of appeal to a supervisory-level or above an administrative-level staff person or to an administrative-level appeals board or panel.; A supervisory-level staff person who provided the initial response or who is named in the grievance shall not provide the appeal response.
  - (86) The rResident's shall have the ability to participate in the resolution of a grievance, including the use of an intermediary and the ability to request witnesses.
  - (97) A supervisory-level or above staff person shall conduct Pperiodic formal reviews of the grievance process and dispositions and maintain documentation of this review. by administrative-level staff;
  - (108) The facility shall maintain a A-tracking system and grievance log that documents: accounts for all

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- (A) ~~each~~ grievances submitted;
- (B) ~~the grievance disposition;~~
- (C) ~~whether the grievance was appealed; and~~
- (D) ~~the appeal disposition, if applicable; and~~

(119) ~~The facility administrator or designee shall review any Unresolved~~ grievances submitted by ~~any~~ residents who ~~have been is-released shall be forwarded to the facility administrator or designee to~~ determine if any action is needed.

## §343.378. Grievance Appeals.

Effective Date: ~~1/1/10~~

~~A written resolution to all grievance appeals shall be provided to the resident no later than:~~

- (1) ~~10 calendar days after the date the appeal is received by pre-adjudication staff; or~~
- (2) ~~30 calendar days after the date the appeal is received by post-adjudication staff.~~

~~(a) The appeal shall be decided in a timely manner after receipt.~~

~~(b) The resident shall promptly be notified in writing of the resolution.~~

## §343.380. Grievance Officer.

Effective Date: ~~1/1/10~~

The duties of a grievance officer or designee shall include:

- (1) ~~maintaining the maintenance of~~ a current grievance log;
- (2) ~~collecting the collection of~~ grievances seven days per week;
- (3) responding to the resident after receiving the grievance;
- (4) providing a written resolution to the resident; and
- (5) forwarding all appeals to the administrative staff responsible for determining appeals.

## §343.382 Grievance Documentation. Form.

Effective Date: ~~1/1/10~~

Documentation of the ~~The~~ grievance ~~form~~ shall contain the following elements:

- (1) ~~the~~ name of the resident;
- (2) ~~the~~ housing unit or cell;
- (3) ~~the~~ date of the grievance;
- (4) ~~the~~ grievance tracking identification;
- (5) ~~the~~ nature or description of the grievance;
- (6) ~~the~~ date and time of receipt;
- (7) ~~the~~ name and title of the person receiving the grievance;
- (8) ~~the~~ response or resolution to the grievance;
- (9) ~~the~~ date and time of the response;
- (10) ~~the~~ name and title of the person responding to the grievance; and
- (11) ~~a~~ space for a written request to appeal the grievance response.

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## §343.384. Religious Services.

Effective Date: 4/1/10

- (a) Residents shall not be required to participate in religious services ~~or and~~ religious counseling.
- (b) ~~Residents who decline to participate in religious services or religious counseling:~~
  - (1) ~~shall not be subjected to disciplinary sanctions; and~~
  - (2) ~~shall be:~~
    - (A) ~~offered alternate programming or activities during religious services; or~~
    - (B) ~~allowed to remain in their rooms or cells during religious services.~~

## §343.386. Volunteers and Interns.

Effective Date: 4/1/10

- (a) Facilities ~~using~~ ~~utilizing~~ a volunteer or internship program shall have written policies and procedures that ~~include: contain the following components:~~
  - (1) ~~the purposes and goals of the program;~~
  - (24) a description of the ~~scope, responsibilities, and limited~~ authority, ~~responsibility, and accountability~~ of volunteers and interns who work with the department;
  - (32) the selection and termination criteria, including disqualification based on specified criminal history;
  - (4) ~~a prohibition on having unsupervised contact with residents for volunteers and interns whose criminal history does not meet the requirements in Chapter 344 of this title;~~
  - (53) the orientation and training requirements, including training on recognizing and reporting abuse, neglect, and exploitation;
  - (64) a requirement that volunteers and interns meet minimum professional requirements if applicable; and
  - (75) ~~a requirement to maintain a sign-in log that documents the name of the volunteer/intern, the purpose of the visit, the date of the service, and the beginning and ending time of the service performed for the facility.~~ ~~a written volunteer and intern registry, log or other documentation that details all dates and times a volunteer or intern is present on the premises of the facility as well as the purpose of their visit.~~
- (b) ~~The requirements in subsection (a) of this section do not apply to an individual who performs volunteer services once a year and has only supervised contact with residents.~~

## Subchapter C

## Secure Pre-Adjudication Detention Facility Standards

## §343.400. Intake and Admission.

Effective Date: 9/1/13

- (a) ~~Intake.~~ An intake officer ~~or other person~~ authorized by the juvenile board shall be on duty at the facility or on call 24 hours per day ~~and shall perform the duties and responsibilities associated with determining whether the juvenile should be detained or released as required by Texas Family Code §53.01.~~
- (b) ~~Pre-Admission Assessment.~~ Each facility shall have written policies and procedures addressing the admission of juveniles who are in need of emergency medical care due to injury, illness, or intoxication or who are in need of emergency mental health ~~interventions~~ ~~services~~.



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- (1) Anyone presented for admission into detention who is in need of emergency medical care due to injury, illness, or intoxication, or who is in need of emergency mental health intervention shall not be admitted into detention.
- (2) The referring person shall be directed to a health care facility to have the individual evaluated and treated.
- (3e) Subsequent admission into detention is contingent upon written medical clearance from provided by a health care provider or mental health provider.
- (ce) ~~Intoxicated or Chemically-Impaired Individuals.~~ Each facility shall have written policies and procedures addressing intoxicated or chemically -impaired juveniles being admitted into detention and their need for specialized supervision.
- (e) ~~Intoxicated or chemically-impaired individuals who have been medically cleared for admission should be placed under medical isolation in accordance with §343.338 of this chapter.~~
- (df) A juvenile who has been taken into custody by law enforcement and presented for detention at a secure pre-adjudication detention facility shall:
  - (1) be supervised at all times by the law enforcement officer who presented the juvenile for detention or by appropriate facility staff (e.g., intake officer, juvenile supervision officer, etc.) until an admission decision is made not be left unsupervised; and
  - (2) be:
    - (A) admitted into detention as soon as possible immediately but no later than six hours from the time of entry; or-
    - (B) released to a responsible party no later than six hours from the time of entry.
- (e) The supervision requirement in subsection (d)(1) of this section may take place from behind an architectural barrier (e.g., glass observation window, screened window, partial wall, etc.) as long as the barrier allows for a complete and unobstructed view of the area where the resident is being held. Restroom areas within the facility are exempt from this requirement.

## **§343.402. ~~Intake-Assessment~~ Isolation. Period.**

Effective Date: 4/1/19

- (a) Residents shall be assigned to the general program as soon as possible after admittance into the facility.
- (b) Assessment isolation shall:
  - (1) be used only after admission to the facility;
  - (2) be used only for the purpose of assessing the risks and needs of the resident; and
  - (3) not exceed 24 hours.
- (c) The facility's policies and procedures shall prohibit the automatic isolation of residents.
- (b) ~~Assessment isolation for periods of time longer than necessary to assess the risks and needs of a resident is prohibited. Assessment isolation shall not exceed 24 hours.~~
- (de) If a resident is confined in his or her room at admission for assessment purposes, juvenile supervision officers shall document the assessment of the resident during this 24-hour period and retain this documentation in the resident's file.
- (ee) A juvenile supervision officer shall personally observe and record the behavior of a resident during the assessment period at random intervals not to exceed 15 minutes, unless supervision requirements in §343.348 or §343.350 of this title apply.

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## §343.404. Mental Health Screening and Referral.

Effective Date: 9/1/13

### (a) Requirement to Conduct a Mental Health Screening.

- ~~(1) The standard screening instrument shall be administered to each resident that is admitted into detention w~~Within 48 hours after a resident's admission, the facility shall:-
  - (A) administer a mental health screening instrument approved by TJJD; or
  - (B) provide a clinical assessment conducted by a mental health provider.
- ~~(2) The requirement in paragraph (1) of this subsection applies to residents who are released from detention before the 48-hour time limit.~~
- ~~(3) Notwithstanding the 48-hour time limit in paragraph (1) of this subsection, the mental health screening instrument shall be administered within two hours after a resident's admission if the facility uses the mental health screening instrument to satisfy the suicide screening requirement in §343.340 of this title.~~

### (b) **Positive Screening and Mental Health Referral.**

A resident who ~~receives scores~~ a positive screening on the ~~mental health standard~~ screening instrument shall be ~~administered a secondary screening or be referred to a mental health provider or qualified mental health professional.:-~~

#### (1) Secondary Screening.

~~If the resident is~~ administered a secondary screening, ~~the secondary screening shall be administered immediately to assist in clarifying the resident's need for mental health intervention;~~

- (A) If the secondary screening confirms the positive screening and that mental health intervention is warranted, ~~then~~ a referral shall be made to a mental health provider or licensed physician within 48 hours.
- (B) If the secondary screening ~~indicates substantiates that~~ the initial positive screening was false, ~~then~~ no further mental health intervention is required. ~~:-or~~

#### (2) Referral to a Mental Health Provider or Qualified Mental Health Professional.

~~If the resident is~~ referred to a ~~mental health provider or~~ qualified mental health professional ~~in lieu of conducting a secondary screening, the referral for consultation shall be made by the end of the following workday to determine if further intervention is warranted.~~

- (A) The facility shall maintain documentation of the consultation in the resident's file.
- (B) If the ~~mental health provider or~~ qualified mental health professional recommends that further mental health intervention is needed, ~~then~~ the resident must be referred to a mental health provider or a licensed physician within 48 hours after the recommendation.

### (c) Documentation.

~~(c) Documentation of recommendations or referrals specific to the juvenile's positive screening on the standard screening instrument shall be forwarded to the supervising juvenile probation officer if the juvenile is released at any point during the proceedings initiated in subsection (b)(1) and (2) of this section. If the juvenile is released and no further juvenile justice intervention is required, then the documentation shall be forwarded to the juvenile's parent, legal guardian, or custodian.~~

- ~~(1) The date, time, and name of the person who administered the mental health screening instrument shall be clearly and legibly documented on the completed instrument.~~
- ~~(2d)~~ Documentation of any referrals, completed assessments, and evaluations, including dates and times, shall be retained in the juvenile's file and forwarded to the supervising juvenile probation officer. If the juvenile has a positive screening but is released before the secondary screening or mental health consultation is completed and no further juvenile justice intervention is required, documentation relating to the positive screening shall also be forwarded to the juvenile's parent, legal guardian, or custodian.

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## (d) Training.

The individual administering the mental health screening instrument shall have received training from:

- (1) TJJD on administering the mental health screening instrument; or
- (2) an individual who is documented to have received training from TJJD on administering the mental health screening instrument.

## **§343.406 Health Screening and Assessment.**

Effective Date: 1/1/10

(a) **Timing of Health Screening.** A health screening shall be conducted on each resident within two hours ~~before or after of~~ admission.

(b) **Persons Qualified to Conduct Health Screening.** The health screening shall be conducted by:

- (1) an appropriately supervised licensed vocational nurse (LVN), a registered nurse (RN), a nurse practitioner, a physician assistant, or a physician; ~~either a health care professional or~~
- (2) a qualified and properly trained person who is acting under delegation from a physician in accordance with Texas Occupations Code §157.001, including a medical assistant, emergency medical technician, or paramedic; or
- (3) an individual who has ~~been trained received specific training~~ on administering the facility's health screening ~~by a person listed in paragraph (1) or (2) of this subsection.~~

(c) **Training Requirements for Health Screening.** The training shall include instruction on:

- (1) how to take medical history;
- (2) how to make the required observations;
- (3) how to determine the appropriate disposition of a resident based on observations and responses to questions; and
- (4) how to document the findings on the screening instrument.

(d) **Health Screening Instrument.** The health screening instrument ~~shall be approved by an RN, nurse practitioner, physician assistant, or physician and~~ shall include:

- (1) mental health ~~conditions and treatment, including any hospitalizations; problems;~~
- ~~(2) suicide risk assessment in accordance with the facility's suicide prevention plan;~~
- (2) observation of the following:
  - (A) general appearance, such as sweating, tremors, anxious, disheveled, or appropriate;
  - (B) behavior, such as disorderly, erratic, or appropriate;
  - (C) state of consciousness, such as alert, responsive, or lethargic;
  - (D) ease of movement, such as ability to walk and move limbs, gait, and bodily deformities;
  - (E) breathing, such as persistent cough, hyperventilation, or normal; and
  - (F) skin condition, such as lesions, swelling, yellowing, rashes, scars, tattoos, bruises, and/or needle marks;
- (3) history of or current serious infectious disease, including tuberculosis;
- (4) recent communicable illness symptoms, such as chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, and/or night sweats;
- (5) history of or current sexually transmitted infections;
- (6) ~~history of or current illnesses or chronic health conditions state of health~~ including:

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- (A) allergies;
- (B) asthma or other respiratory problems;
- (C) dermatological conditions;
- (D) seizure disorder;
- (E) eye conditions; and
- ~~(B) tuberculosis;~~
- ~~(FG) other acute or chronic conditions as determined by the health service authority;~~
- ~~(D) sexually transmitted diseases;~~
- ~~(E) other infectious diseases;~~
- ~~(F) history of gynecological problems or pregnancies; and~~
- ~~(G) recent injuries at or near the time of arrest;~~
- (7) history of or current gynecological problems;
- (8) current or recent pregnancy;
- (94) current use of medication(s) including name, type, dosage, frequency, time of last dose taken, and name of prescribing physician;
- ~~(105) visual observation of teeth and gums and notation of any obvious dental problems;~~
- ~~(6) vision problems;~~
- (117) drug and alcohol use of alcohol or illegal drugs, including type, amount, time of last use, and past treatment;
- (12) drug withdrawal symptoms;
- (13) special health requirements, such as dietary needs, physical disabilities, or prosthetics;
- ~~(8) physical or developmental disabilities;~~
- (149) evidence of physical trauma;
- (15) recent injuries;
- ~~(10) a determination of the need for medical detoxification from alcohol or other substances or mental health services; and~~
- (164) the resident's weight and height; and
- (17) any other health concerns reported by the resident.
- (e) **Screening Methodology.** The health screening shall be administered by directly questioning the resident, observing the resident's behavior and physical condition, and reviewing any available records. If any of the information is unknown at the time of the health screening, the screener shall indicate this by entering "unknown," "not applicable," or a line in the space or electronic field provided for this information on the health screening form.
- (fb) **Disposition and Medical Referral for Assessment.** If the health screening indicates that a resident is in need of further medical evaluation, the resident shall be referred to a health care professional for further assessment within 24 hours, excluding holidays and weekends, from the date and time of the completed screening.
  - (1) The individual who completes the screening shall:
    - (A) document the disposition of the youth, such as referral to emergency services or placement in the general population with later referral for medical follow up; and

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- (B) sign the screening instrument and document his/her title and the date and time of the screening.
  - (2) For residents who are identified by the screening instrument as requiring follow-up consultation with a health care professional, facility staff shall:
    - (A) contact the health care professional designated by the screening instrument as soon as possible but no later than 24 hours after completion of the screening, unless the screening instrument provides otherwise; and
    - (B) ensure the resident receives follow-up medical care as directed by the health care professional.
  - (3) The facility shall maintain and implement written policies and procedures to ensure that residents identified with potential medical problems (e.g., asthma, diabetes) are appropriately supervised until medical follow-up is received.
  - (4) For residents who report taking prescription medication, facility staff shall document whether the resident's parent, guardian, or custodian has provided the facility with the medication and a written request to administer the medication. If the medication or written request has not been provided, facility staff shall contact a health care professional within 24 hours after completion of the screening to receive instruction.
- (c) **Mandatory Health Assessment.** If a resident has not had a health assessment by a health care professional within the 12 months immediately preceding admission into the facility, the resident shall be given a health assessment by a health care professional within 30 calendar days after admission into the facility.
- (ge) **Results of Screening and Assessment.** The results of the health screening and health assessment shall be communicated to appropriate staff. The completed health screening form shall be maintained.
- (he) **Contagious or Infectious Disease.** Any finding of the health screening that indicates a significant potential health risk to the staff or residents from a contagious or infectious disease shall be immediately reported to the facility administrator, and the affected resident shall be placed in medical isolation until proper medical clearance is obtained.

## **§343.407. Health Assessment.**

Effective Date:

- (a) Each resident shall receive a health assessment within 30 days after admission into the facility.
- (b) The health assessment shall be conducted by:
  - (1) an appropriately supervised licensed vocational nurse, a registered nurse, a nurse practitioner, a physician assistant, or a physician; or
  - (2) a qualified and properly trained person who is operating under delegation from a physician in accordance with Texas Occupations Code §157.001, including a medical assistant, emergency medical technician, or paramedic.
- (c) The results of the health assessment shall be communicated to appropriate staff.

## **§343.408. Personal Hygiene.**

Effective Date: 1/1/10

Residents shall be required to surrender their clothing and to shower upon admission into the facility.

## **§343.410. Personal Property.**

Effective Date: 1/1/10

A resident's personal property shall be collected, inventoried, and securely stored while the resident is housed in the facility. The inventory shall be ~~Documentation that is~~ signed by the resident and the juvenile supervision officer and shall be maintained in the resident's file.

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## §343.412. Orientation.

Effective Date: 4/1/10

- (a) Each resident shall be provided a verbal orientation within six hours before or 12 hours after of admission into the facility.
- (b) The verbal orientation shall include an explanation of the following: facility's:
  - (1) procedures to access health care and a description of the available services ~~available~~;
  - (2) resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process; program rules with corresponding and maximum disciplinary sanctions;
  - (3) grievance policies and procedures;
  - (4) procedures to access mental health care and a description of the available services ~~available~~; and
  - (5) age-appropriate information about the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, required by the Prison Rape Elimination Act of 2003 including:
    - (A) prevention and intervention; and
    - ~~(B) methods of minimizing risk of sexual abuse;~~
    - ~~(B) reporting incidents or suspicions of sexual abuse or sexual harassment; and assault; and~~
    - ~~(D) treatment and counseling;~~
  - (6) information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
  - (7) the facility's policy that states the resident is ensured the right of confidentiality with regard to the items included in paragraphs (3), (5) and (6) of this subsection and will not face reprisal for participating in the procedures included in these items.
- (c) If the resident is not sufficiently fluent in English, arrangements shall be made to provide the resident with an orientation in the resident's primary language within 48 hours after of admission.
- (d) When a literacy problem prevents a resident from understanding written rules, a staff member or translator shall assist the resident within 48 hours after of admission.
- (e) The facility shall:
  - (1) provide each ~~Each~~ resident ~~shall be provided~~ a written copy of the orientation materials; or upon completion of the orientation process.
  - (2) post the orientation information in an area of the housing unit that is accessible to residents.

## §343.414. Behavioral Screening.

Effective Date: 4/1/10

- (a) Prior to placing a resident into a housing unit, the resident shall be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior. Housing assignments shall be made accordingly.
- (b) The behavioral screening shall take into consideration the following information, if readily available:
  - (1) age;
  - (2) current charge(s) and offense history;
  - (3) physical size/stature;
  - (4) current state of mind;
  - (5) sexual orientation;

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- (6) prior sexual victimization or abuse;
- (7) level of emotional and cognitive development;
- (8) mental or physical disabilities;
- (9) intellectual or developmental disabilities; and
- (10) any other pertinent information.

(c) The facility shall maintain documentation that shows the date the behavioral screening was completed and a written acknowledgement that available items listed in subsection (b) of this section were considered in making a housing assignment.

## **§343.416. Classification Plan.**

Effective Date: ~~1/1/10~~

All facilities with more than one housing unit shall have a written classification plan that attempts to safely house residents based on takes, at least, the following factors: ~~into account~~:

- (1) age;
- (2) sex;
- (3) offense;
- (4) behavior; and
- (5) any other special considerations, such as including a resident's potential vulnerabilities for sexual abuse, gang affiliation, referral history, disabilities, and/or other special needs ~~that are discovered during the resident's behavioral health screening.~~

## **§343.418. Admission Records.**

Effective Date: ~~1/1/10~~

The facility shall have the following information, which shall be obtained at the time the resident is admitted into the facility:

- (1) date and time of entry;
- (2) date and time of admission;
- (3) name;
- (4) nicknames and aliases;
- (5) social security number;
- (6) current address;
- (7) detention criteria as required by §53.02(b) of the Texas Family Code;
- (8) referring offense;
- (9) name of attorney;
- (10) name, title, and signature of delivering individual;
- (11) ~~sex; gender;~~
- (12) race;
- (13) date of birth;
- (14) place of birth;
- (15) citizenship;
- (16) current education level;



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- (17) last school attended;
- (18) name, relationship, address, and phone number of the resident's parents, legal guardians, or custodians; and
- (19) primary language of the resident and the resident's parent, legal guardian, or custodian.

## §343.420. Format and Maintenance of Records.

Effective Date: ~~1/1/10~~

- (a) Resident records shall be maintained in a uniform format ~~for identifying and separating files.~~
- (b) Each facility shall have written policies and procedures to ensure the confidentiality of resident files.

## §343.422. Content of Resident Records.

Effective Date: ~~1/1/10~~

- (a) Each resident's record shall include the following:
  - (1) ~~the~~ offense narrative, arrest warrant, or directive to apprehend;
  - (2) ~~the~~ inventory of cash and property surrendered;
  - (3) ~~the~~ list of approved visitors;
  - (4) ~~the~~ name of the assigned probation officer;
  - (5) ~~the~~ behavioral record, including any special incidents, discipline, or grievances;
  - (6) ~~the~~ referrals to other agencies; and
  - (7) ~~the~~ final release or transfer report.
- (b) In cases where an admission involves a resident being detained pending a transfer action (e.g., transport to a court-ordered placement or to TJJD), a copy of the court's detention order or adjudication and disposition orders is considered an acceptable substitute for the offense narrative.

## §343.424. Housing Records.

Effective Date: ~~1/1/10~~

- (a) ~~For each housing unit in the facility, t~~he following documentation shall be maintained for each housing unit in the facility:
  - (1) a daily chronological log or electronic record documenting the resident's or housing unit's activity that identifies the juvenile supervision officers supervising the residents;
  - (2) a daily report of admissions and releases; and
  - (3) a current population roster ~~compiled~~ as of 5:00 a.m. each day that shall include ~~at a minimum~~:
    - (A) the date and time the roster was compiled;
    - (B) the names of all residents in the facility;
    - (C) the sex of all residents in the facility;
    - (D) the housing assignment location (i.e., e.g., the location where the resident sleeps) of all residents in the facility; and
    - (E) the numerical total of the resident population for each day.
- (b) The daily chronological log mentioned in subsection (a)(1) of this section shall:
  - (1) be signed or initialed by the juvenile supervision officer(s) supervising the residents or housing unit; or
  - (2) identify the juvenile supervision officer making the entry if the log is maintained in an electronic format that does not allow for signatures or initials.

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## §343.426. Release Procedures.

Effective Date: 4/1/10

Prior to the release of ~~each a~~ resident from the facility, the authorized officer shall:

- (1) verify the identity of the person receiving custody;
- (2) do one of the following:
  - (A) verify the release authorization documents; or
  - (B) document the release authorization in writing if a judge or juvenile probation officer authorizes the release by telephone;
- (3) obtain a secure a signed-release signed by the individual receiving the resident's personal property;
- (4) provide information to a parent, legal guardian, or custodian regarding:
  - (A) all medication prescribed while the resident was in the facility that the resident is currently taking; and the name and contact information of the prescribing physician;
  - (B) any pending medical, mental health, or dental appointments; and
  - (C) any present concerns regarding the resident; and
- (5) obtain secure-a receipt signed by the person receiving custody of the resident.

## §343.428. Resident Supervision.

Effective Date: 4/1/10

(a) A juvenile supervision officer may provide resident supervision if he or she: they:

- (1) is are-currently certified as a juvenile supervision officer; or
- (2) has have-been employed by the facility less than 180 calendar days and ;
  - (A) ~~have passed the competency evaluation exam as detailed in Chapter 344 of this title; and~~
  - (B) ~~has have~~-completed a minimum of 40 hours of training, which shall include the mandatory topics ~~as~~-outlined in Chapter 344 of this title, as well as certification in CPR, first aid, and a personal restraint technique approved by TJJD. the Commission.

(b) A juvenile supervision officer who fails to meet the requirements in subsection (a) of this section shall not:

- (1) be included in the juvenile supervision officer-to-resident ratios listed in this chapter; or
- (2) perform any duties of a juvenile supervision officer listed in this chapter.

## §343.430. Minimum Facility Supervision.

Effective Date: 1/1/10

At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified.

## §343.432. Gender Supervision Requirement.

Effective Date: 4/1/10

- (a) If residents of both genders are housed within the facility, juvenile supervision officers of both genders shall be on duty and available to the residents for every shift.
- (b) A juvenile supervision officer of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, strip physical-searches ~~(i.e., strip searches)~~, disrobing of residents (suicidal or not), or when personal hygiene practice ~~(e.g., i.e.,~~ onset of menstrual cycle, etc.) requires the presence of a juvenile supervision officer of the same gender.

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- (c) Juvenile supervision officers of one gender shall be the sole supervisors of residents of the same gender during showers, ~~strip physical~~ searches, ~~pat downs~~, disrobing of suicidal youth, or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender.

## §343.434. Facility-Wide Ratio.

Effective Date: 1/1/10

- (a) The facility-wide juvenile supervision officer-to-resident ratio shall not be less than:
- (1) one juvenile supervision officer to every eight residents during program hours; and
  - (2) one juvenile supervision officer to every 18 residents during non-program hours.
- (b) For a juvenile supervision officer to be counted in the facility-wide ratio, the officer shall be present on the facility premises at all times.

## §343.435. On-Premises Supervision Requirements.

Effective Date:

When residents are participating in any programming or activity on the facility premises but not inside a SOHU or MOHU:

- (1) residents shall be in the constant physical presence of a juvenile supervision officer; and
- (2) there shall be at least one juvenile supervision officer for every 12 residents participating in the program or activity.

## §343.436. Supervision Ratio--SOHU.

Effective Date: 1/1/10

In a SOHU, the juvenile supervision officer-to-resident ratio shall not be less than:

- (1) one juvenile supervision officer to every 12 residents during program hours; and
- (2) one juvenile supervision officer to every 24 residents during non-program hours.

## §343.438. Level of Supervision--SOHU.

Effective Date: 1/1/10

- (a) ~~Program Hours.~~ While residents are located in a SOHU during program hours, they shall be in the constant physical presence of a juvenile supervision officer unless:
- (1) the residents they are placed in their individual sleeping quarters ~~during shift change~~, in which case, a juvenile supervision officer shall observe and document each resident's behavior at random intervals not to exceed 15 minutes; or-
  - (2) an exception in §343.446 of this title applies.
- (b) ~~Non-Program Hours.~~ While residents are located in a SOHU ~~d~~uring non-program hours, ~~in a SOHU,~~ a juvenile supervision officer shall visually observe each resident at random intervals not to exceed 15 minutes.
- (c) Juvenile supervision officers shall document each visual observation made. The documentation shall include the time of the observation and generally describe the resident's behavior.

## §343.440. Supervision Ratio--MOHU.

Effective Date: 1/1/10

In a MOHU, the shall maintain a juvenile supervision officer ~~-to-~~ resident ratio shall not be of no less than one juvenile supervision officer to every eight residents in the housing unit.

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## §343.442. Level of Supervision--MOHU.

Effective Date: 4/1/10

For MOHUs designed and operated after June 5, 2001:

- (1a) ~~a juvenile supervision officer shall be physically located in the MOHU while residents are in the MOHU; For MOHUs designed and operated after June 5, 2001, during program and non-program hours, residents, while physically located in a MOHU, shall be under the constant visual observation of a juvenile supervision officer.~~
- (2b) ~~If~~ juvenile supervision officers supervise residents behind an architectural barrier, the barrier shall provide a complete and unobstructed view of the entire MOHU multiple occupancy housing unit. The barrier, with or without the assistance of an electronic device, shall allow for constant auditory monitoring of the unit; ~~and-~~
- (3e) ~~J~~ juvenile supervision officers shall document general observations of dorm activity at intervals not to exceed 30 minutes.

## §343.444. ~~Supervision On and Off~~ Premises Supervision Requirements of Facility.

Effective Date: 4/1/10

- ~~(a) On-Premises Supervision. Subject to §343.436 of this chapter, residents participating in any programming or activities on the facility premises, but outside of a single or multiple occupancy housing unit, shall be in the constant physical presence of a juvenile supervision officer at all times.~~
- ~~(b) Required Ratio. There shall be at least one juvenile supervision officer to every 12 residents participating in the program or activity.~~
- (ae) ~~Off-Premises Supervision.~~ A facility shall have written policies and procedures that establish specific ~~resident~~ supervision practices for residents allowed to temporarily leave the secure confines of the facility or the facility's secure grounds while in the custody of facility staff. The policies and procedures shall ~~minimally~~ include:
  - (1) designations of which staff may supervise youth off-premises;
  - (2) gender-specific requirements;
  - (3) staff-to-resident ratios when more than one resident is involved;
  - (4) personnel authorized to use approved restraint practices; and
  - (5) staff training requirements.
- ~~(be) The established policies and procedures shall be written to adequately provide an appropriate level of protection for the public and involved staff and residents.~~
- ~~(e) Exceptions. This standard does not apply to furlough and formal discharge.~~
- ~~(f) If a juvenile probation officer transports a resident off the facility premises, the juvenile probation officer must be currently certified in CPR, First Aid and, if authorized to use, a Commission-approved personal restraint technique.~~

## §343.446. Exceptions to Requirement to be Supervised by Juvenile Supervision Officer. General Levels of Supervision.

Effective Date: 9/1/13

A resident shall be supervised by ~~in the constant physical presence of~~ a juvenile supervision officer in accordance with requirements of this subchapter with the following ~~exceptions of the following~~:

- (1) **Small Groups.** No more than three residents may be supervised by a professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training, or education.

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- (2) ~~Small Therapeutic Groups.~~ A juvenile supervision officer shall provide constant visual supervision of any ~~therapeutic small~~ group between four and ~~12 eight~~ residents when those residents are working with a qualified mental health professional or mental health provider.
- (3) ~~Visitation.~~ Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.

## §343.448. Primary Control Room.

Effective Date: 1/1/10

- (a) A juvenile supervision officer stationed in and assigned to the facility's primary control room(s) shall not count toward meeting any ~~required~~ ratios ~~required prescribed~~ by this subchapter.
- (b) A facility that has multiple control rooms shall distinguish which control room or rooms are designated as the primary control room(s).
- (c) Juvenile supervision officers assigned to a secondary control room may be counted:
  - (1) in the facility-wide ratio; and
  - (2) in the supervision ratio in a SOHU or MOHU during non-program hours.
- (d) A staff member assigned to primary control room duties is not required to be a certified juvenile supervision officer.

## §343.450. ~~Use and Design~~Single Occupancy Housing Units--SOHU.

Effective Date: 1/1/10

- (a) Each SOHUs shall be constructed to contain no more than 24 beds ~~in each housing unit.~~
- (b) Individual resident sleeping quarters shall be ~~used utilized~~ as single occupancy only; ~~and, at~~ At no time, may more than one resident be placed in an individual resident sleeping quarters.
- (c) Individual resident sleeping quarters shall contain a bed above floor level.

## §343.452. Spatial Requirements--SOHU.

Effective Date: 1/1/10

- (a) Individual resident sleeping quarters shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling.
- (b) Individual resident sleeping quarters shall have a minimum of 60 square feet of floor space.

## §343.454. Shower Facilities--SOHU.

Effective Date: 1/1/10

- (a) ~~Each All~~ SOHUs shall contain at least one operable shower ~~with hot and cold running water~~ for every ten beds in the housing unit. The shower shall have:
  - (1) controls that produce hot and cold running water; or
  - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

## §343.456. Toilet Facilities--SOHU.

Effective Date: 1/1/10

- (a) In facilities constructed and operating before March 1, 1996, each All SOHUs shall contain at least one operable toilet above floor level for:
  - (1) every 12 beds in male housing units; and
  - (2) one for every eight beds in female housing units.

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- (b1) ~~In For~~ facilities constructed and operating on or after March 1, 1996, ~~each SOHU the ratio~~ shall contain be one operable toilet above floor level for every six beds in the housing unit.
- (c2) Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.

## §343.458. Washbasin Requirements--SOHU.

Effective Date: 1/1/10

~~Each All~~ SOHUs constructed and in operation on or after September 1, 2003, shall:

- (1) contain an operable washbasin with:
- (A) controls that produce hot and cold running water-; or
- (B) one control that produces warm running water; and
- (2) be configured to allow for access to a washbasin without leaving the housing unit.

## §343.460. Drinking Fountain--SOHU.

Effective Date: 1/1/10

~~Each All~~ SOHUs shall contain a drinking fountain.

## §343.461. Applicability of Standards--MOHU.

Effective Date:

Sections 343.462, 343.464, 343.468, 343.470, 343.472, 343.474, 343.476, 343.478, 343.480 and 343.482 of this title apply only to MOHUs designed and operating as such on or after June 5, 2001.

## §343.462. Pre-Assignment Screening Process--MOHU.

Effective Date: 1/1/10

Residents shall not be placed admitted into a MOHUs directly from the intake process. Classification, screening, and behavioral observation shall occur for at least 72 hours before the resident is placed in ~~the decision is made to admit the resident into~~ a MOHU.

## §343.464. Administrative Approval--MOHU.

Effective Date: 1/1/10

- (a) ~~A The placement of any~~ resident shall not be placed into a MOHU without the approval of ~~shall be approved by~~ the facility administrator or designee.
- (b) The approval shall be documented in writing and the documentation shall contain the date and time the approval was authorized and the date and time the resident was placed in the MOHU. The approval documentation shall be kept in the resident's file.

## §343.468. Classification Plan--MOHU.

Effective Date: 1/1/10

A facility ~~Facilities~~ with a MOHU ~~multiple occupancy housing units~~ shall have a written classification plan that determines how residents are grouped in housing units. Residents shall, at a minimum, be classified for grouping by age and sex.

## §343.470. Eligibility Criteria--MOHU.

Effective Date: 1/1/10

- (a) A formalized and objective written classification assessment shall be completed prior to placing a resident in being assigned to a MOHU. The classification assessment process shall ~~minimally~~ include a review and weighting of the following criteria:

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- (1) Physical health--A review of all available health documentation ~~possessed by in~~ the facility staffs' ~~possession~~ with an emphasis on assessing any diagnosed or suspected infectious or contagious diseases.;
  - (2) Mental health--A review of all available mental health documentation ~~possessed by in~~ the facility staffs' ~~possession~~ with an emphasis on assessing mental health or mental illness diagnoses that could be exacerbated by, or that would not be conducive to, multiple-occupancy housing settings.;
  - (3) Sexual behavior--An assessment of the resident's potential to be sexually abused by other residents and his or her potential to be sexually abusive.;
  - (4) Aggressive or assaultive behaviors--An assessment of ~~the~~ resident's history of, or propensity for, aggressive (both verbal and physical) and assaultive behaviors. This assessment shall ~~minimally~~ include a review of the resident's formal referral history (both alleged and disposed charges) ~~and as well as~~ institutional behavior records.;
  - (5) Susceptibility to acts of peer abuse, harassment, and exploitation--~~This shall minimally include a~~an assessment of a resident's physical stature, emotional maturity, enemies of record, and social functioning information.;
  - (6) Institutional behavior or discipline records--~~This assessment shall include a~~a review of a resident's behavior records for the current term of detention ~~and as well as~~ any available behavior records from previous institutional custody periods provided by the assessing jurisdiction.;
  - (7) Special needs or circumstances that may compromise the resident's, or other MOHU residents' physical safety and the processes for successfully delivering services. ~~successful service delivery processes.~~
- (b) The completed classification assessment document shall include:
- (1) an objective assessment score or recommendation for or against a MOHU placement; assignment;
  - (2) the date the assessment process was completed.;
  - (3) the signature of the person completing the assessment.;
  - (4) the signature of the supervisory-level staff ~~who that~~ reviewed and approved the assessment.

## **§343.472. Use and Design Multiple Occupancy Housing Units--MOHU.** Effective Date: 1/1/10

- (a) ~~A facility shall not use a~~ The utilization of MOHUs shall have without prior written approval and authorization from the governing board ~~of the facility.~~
- ~~(b) Sections 343.462, 343.464, 343.468, 343.470, 343.472, 343.474, 343.476, 343.478, 343.480 and 343.482 of this chapter apply only to MOHUs designed and operating as such on or after June 5, 2001.~~
- (be) Each MOHUs shall be designed to contain no more than eight beds ~~in each housing unit.~~
- (cd) The capacity of MOHUs shall not exceed 25 percent of the design capacity of the facility.
- (de) Each MOHUs shall have one bed above floor level for every resident assigned to the unit.
- (ef) Each MOHUs shall contain only residents of the same sex.

## **§343.474. Spatial Requirements--MOHU.** Effective Date: 1/1/10

- (a) Each MOHUs shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point in the ceiling.
- (b) Each MOHUs shall have a minimum of 35 square feet of unencumbered floor space per bed in the housing unit.



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## §343.476. Shower Facilities--MOHU.

Effective Date: 4/1/10

- (a) ~~Each All~~ MOHUs shall contain at least one operable shower ~~with hot and cold running water~~ for every eight beds in the housing unit. The shower shall have:
- (1) controls that produce hot and cold running water; or
  - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

## §343.478. Toilet Facilities--MOHU.

Effective Date: 4/1/10

- (a) ~~Each All~~ MOHUs shall contain at least one operable toilet above floor level for every four beds in the housing unit.
- (b) In male housing units, up to one-half of the required toilets may be substituted by urinals.

## §343.480. Washbasin Requirements--MOHU.

Effective Date: 4/1/10

- ~~Each All~~ MOHUs shall contain at least one washbasin with:
- (1) controls that produce hot and cold running water; or-
  - (2) a control that produces warm running water.

## §343.482. Drinking Fountain--MOHU.

Effective Date: 4/1/10

~~Each All~~ MOHUs shall contain a drinking fountain.

## §343.484. Exercise and Common Activity Areas.

Effective Date: 4/1/10

- (a) ~~Exercise Area.~~ The facility shall provide space for an exercise area.
- (b) ~~Common Activity Area.~~ The facility's total common activity area shall encompass no less than 100 square feet of floor space per resident based on the facility's design capacity.

## §343.486. Program Hours.

Effective Date: 4/1/10

Each facility shall have a written, daily ~~written~~ program schedule that outlines outlining the planned stated activities during program hours.

- (1) Except as noted in paragraph (2) of this section, Each resident shall be provided at least a minimum of ten total hours of structured and unstructured activities each day. Time a resident spends in individual sleeping quarters does not count toward the ten-hour minimum.
- (2) ~~Exceptions.~~ Residents who are in disciplinary seclusion, room restriction, protective isolation, medical isolation, or assessment isolation may receive modification to their ~~respective~~ program schedule.
- (3) The facility shall maintain documentation of any modification or deviation from the program schedule deviation or modification that results in the cancellation of an activity or deviation of one hour or more from the schedule.

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## **§343.488. Educational Program.**

Effective Date: ~~1/1/10~~

- (a) The facility administrator shall ensure ~~that~~ there is an educational program that requires all residents to participate. The educational program ~~provided~~ shall be administered in accordance with rules adopted by the Texas Education Agency (TEA).
- (b) The facility administrator shall ensure ~~that~~ the education provider has access to residents so that the educational program is afforded to all residents, in accordance with TEA rules ~~adopted by the TEA~~.
- (c) Students shall be provided coursework that complies with TEA rules.

## **§343.489. Educational Curriculum.**

Effective Date: ~~1/1/10~~

~~Students shall be provided coursework that is aligned with the Texas Essential Knowledge and Skills (also known as the TEKS test), in accordance with rules adopted by the TEA.~~

## **§343.490. Instructional Days.**

Effective Date: ~~1/1/10~~

- (a) The facility administrator shall ensure that the educational program provides for at least 180 days of instruction unless:
  - (1) a waiver has been granted by the Texas Education Agency ~~TEA~~ for fewer days; or
  - (2) the number of educational days coincides with the local school district calendar.
- (b) An education service provider is required to provide a full educational day. An educational day is required to:
  - (1) be seven hours long; and
  - (2) consist of at least five and one-half hours of required secondary curriculum to students.

## **§343.491. Special Education.**

Effective Date: ~~1/1/10~~

- (a) The facility administrator, through a cooperative effort with the Local Education Agency (LEA), will ensure that residents with disabilities are provided a free and appropriate public education as determined by the Admission, Review, and Dismissal committee in order to meet the individual educational needs of the student as defined by federal and state laws.
- (b) The facility administrator, through a cooperative effort with the ~~Local Education Agency (LEA)~~, will ensure that residents with disabilities have available an instructional day commensurate with that of students without disabilities, in accordance with requirements contained in 19 TAC §89.1075~~(d)~~.
- (c) The facility administrator or designee shall send notification of a student placement in a residential facility to the LEA as required by §29.012 of the Texas Education Code and shall retain documentation of this notice.

## **§343.492. Educational Space.**

Effective Date: ~~1/1/10~~

The facility administrator shall ensure that educational space is adequate to meet the instructional requirements for each resident.

## **§343.493. Orientation for Educational Staff ~~Safety~~.**

Effective Date: ~~1/1/10~~

- (a) All permanent educational staff and, ~~excluding temporary~~ substitutes with a known facility assignment of five consecutive school days or longer, shall receive a facility orientation prior to performing educational instructional duties. Orientation shall include:

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- (1) security procedures;
- (2) emergency procedures;
- (3) behavior management system and prohibited sanctions; and
- (4) reporting abuse, neglect, and exploitation.

(b) Documentation of the orientation shall be maintained.

## **§343.494. Supervision During Educational Program.**

Effective Date: 1/1/10

Educational staff shall not be counted in staff-to-resident ratios.

## **§343.496. Reading Materials.**

Effective Date: 1/1/10

Age-appropriate reading materials shall be available to all residents.

## **§343.498. Recreation and Exercise.**

Effective Date: 4/1/10

- (a) ~~Supplies.~~ Recreational equipment and supplies shall be provided to the residents. All recreational equipment shall be maintained in working order to ensure the safety of all staff and residents in the facility.
- (b) The recreational schedule shall offer the following programming each day:
  - (1) ~~Large Muscle Exercise. At at~~ least one hour of large muscle exercise; ~~and shall be scheduled each day.~~
  - (2) ~~Open Recreational Activity. At at~~ least one hour of open recreational activity ~~shall be scheduled each day.~~
- (c) Large muscle exercise shall take place outside of individual resident sleeping quarters or sleeping rooms.
- (d) If the facility provides an opportunity for residents to participate in scheduled physical recreation, the requirements of this standard are satisfied regardless of whether the resident chooses to participate.
- (ee) Exceptions. A resident's recreational schedule may be altered under the following conditions:
  - (1) participation by the resident is contra-indicated for medical reasons;
  - (2) the resident is in disciplinary seclusion, room restriction, protective isolation, medical isolation, or assessment isolation;
  - (3) the resident has a scheduled appointment;
  - (4) extenuating circumstances exist that impede the recreational schedule; or
  - (5) the resident presents an imminent danger to self or others. ~~Utilization of this provision shall require the written approval of the facility administrator.~~
- (f) A youth's recreational schedule may not be altered due to imminent danger to self or others without written approval from the facility administrator. The written approval shall be maintained.

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## Subchapter D

### Secure Post-Adjudication Correctional Facility Standards

#### §343.600. Required Pre-Admission Records.

Effective Date: 9/1/13

- (a) Prior to a resident's admission, the facility shall receive the following from the referring agency:
- (1) except ~~for intra-jurisdictional custodial transfers, when the facility is operated by the referring agency,~~ a detailed summary of the juvenile's history ~~in a format on the designated form provided by TJJD.~~ The summary shall that includes, but is not limited to the following information:
    - (A) the juvenile's demographic information;
    - (B) the referring agency's impression of the juvenile;
    - (C) a description of the juvenile's strengths;
    - (D) the juvenile's special needs, problems, and behaviors;
    - (E) the juvenile's juvenile justice history;
    - (F) the juvenile's placement history;
    - (G) the juvenile's substance abuse history;
    - (H) the juvenile's history of abuse and neglect;
    - (I) family or parental involvement with the juvenile and history;
    - (J) the juvenile's educational history;
    - (K) a description of the juvenile's physical health and disabilities;
    - (L) a description of the juvenile's mental health;
    - (M) the referring agency's recommendation on the level of care; and
    - ~~(N) a copy of the juvenile's birth certificate; and~~
    - ~~(NO)~~ other pertinent information;
  - (2) except for intra-jurisdictional transfers, official documentation of the resident's date and place of birth;
  - (32) a psychological evaluation, ~~or behavioral health assessment,~~ or psychiatric evaluation completed within 365 calendar days prior to the resident's admission date;
  - (43) a signed disposition order or TJJD commitment order;
  - (54) a current immunization record;
  - (65) a medical examination conducted by a nurse practitioner, physician assistant, or physician that was completed within:
    - (A) 90 calendar days prior to the resident's admission date; or
    - (B) 180 30-calendar days prior to the resident's admission date if the following conditions apply:
      - (i) the transfer is an intra-jurisdictional custodial transfer;
      - (ii) the medical examination was conducted while the juvenile was a resident in the pre-adjudication facility; and
      - (iii) the juvenile did not leave the custody of the pre-adjudication facility after the medical examination was conducted;

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- (76) documentation that a tuberculosis test was administered and results were received no more than 365 calendar days prior to the resident's admission date;
  - (87) a dental evaluation that was completed within 180 ~~30~~-calendar days prior to the resident's admission date;
  - (98) documentation of services needed if the juvenile is for the disabled;
  - (109) documentation of the primary language of the resident and the resident's parent, legal guardian, or custodian; and
  - (110) school records.
- (b) If a psychiatric evaluation is accepted in accordance with subsection (a)(3) of this section, it shall:
- (1) be conducted by a psychiatrist licensed by the Texas Medical Board; and
  - (2) include a diagnostic impression.

## §343.602. Intake and Admission.

Effective Date: 9/1/13

- (a) **~~Pre-Admission Assessment.~~** Each facility shall have written policies and procedures addressing the admission of juveniles who are in need of emergency medical care due to injury, illness, or intoxication or who are in need of emergency mental health intervention. ~~services.~~
- (1) Anyone presented for admission into the facility who is in need of emergency medical care due to injury, illness, or intoxication or is in need of emergency mental health intervention shall not be admitted into the facility.
  - (2) The referring person shall be directed to a health care facility to have the individual evaluated and treated.
  - (3) Subsequent admission into the facility is contingent upon written medical clearance provided by a health care professional or mental health provider.
- (b) **~~Intoxicated or Chemically-Impaired Individuals.~~** Each facility shall have written policies and procedures addressing intoxicated or chemically-impaired juveniles being admitted into the facility and their need for specialized supervision.
- ~~(c) Intoxicated or chemically-impaired individuals who have been medically cleared for admission should be placed under medical isolation in accordance with §343.338 of this chapter.~~

## §343.604. Health Screening ~~and Assessment.~~

Effective Date: 9/1/13

- (a) **Timing of Health Screening.** Except as provided in subsection (i) ~~(e)~~ of this section, a health screening shall be conducted on each resident within two hours after admission.
- (b) **Persons Qualified to Conduct Health Screening.** ~~The health screening shall be conducted by either a health care professional or~~
- (1) an appropriately supervised licensed vocational nurse (LVN), a registered nurse (RN), a nurse practitioner, a physician assistant, or a physician;
  - (2) a qualified and properly trained person who is operating under delegation from a physician in accordance with Texas Occupations Code §157.001, including a medical assistant, emergency medical technician, or paramedic; or
  - (3) an individual who has been trained ~~received specific training~~ on administering the facility's health screening by a person listed in paragraph (1) or (2) of this subsection.
- (c) **Training Requirements for Health Screening.** ~~The training shall include instruction on:~~
- (1) how to take medical history;

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- (2) how to make the required observations;
- (3) how to determine the appropriate disposition of a resident based on observations and responses to questions; and
- (4) how to document the findings on the screening instrument.

**(d) Health Screening Instrument.** The health screening instrument shall be approved by an RN, nurse practitioner, physician assistant, or physician and shall include:

- (1) mental health conditions and treatment, including any hospitalizations; ~~problems;~~
- ~~(2) suicide risk in accordance with the facility's suicide prevention plan;~~
- (2) observation of the following:
  - (A) general appearance, such as sweating, tremors, anxious, disheveled, or appropriate;
  - (B) behavior, such as disorderly, erratic, or appropriate;
  - (C) state of consciousness, such as alert, responsive, or lethargic;
  - (D) ease of movement, such as ability to walk and move limbs, gait, and bodily deformities;
  - (E) breathing, such as persistent cough, hyperventilation, or normal; and
  - (F) skin condition, such as lesions, swelling, yellowing, rashes, scars, tattoos, bruises, and/or needle marks;
- (3) history of or current serious infectious disease including tuberculosis;
- (4) recent communicable illness symptoms, such as chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, and/or night sweats;
- (5) history of or current sexually transmitted infections;
- ~~(6)~~ history of or current illnesses or chronic health conditions ~~state of health~~ including:
  - (A) allergies;
  - (B) asthma or other respiratory problems;
  - (C) dermatological conditions;
  - (D) seizure disorder;
  - (E) eye conditions; and
  - ~~(B) tuberculosis;~~
  - (F) other ~~acute or~~ chronic conditions as determined by the health service authority;
  - ~~(D) sexually transmitted diseases;~~
  - ~~(E) other infectious diseases; and~~
  - ~~(F) history of gynecological problems or pregnancies;~~
- (7) history of or current gynecological problems;
- (8) current or recent pregnancy;
- ~~(9)~~ current use of medication(s) including name, type, dosage, frequency, time of last dose taken, and name of prescribing physician;
- ~~(10)~~ visual observation of teeth and gums and notation of any obvious dental problems;
- ~~(6)~~ vision problems;
- ~~(11)~~ drug and alcohol use of alcohol or illegal drugs, including type, amount, time of last use, and past treatment;

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- (12) drug withdrawal symptoms;
  - (13) special health requirements, such as dietary needs, physical disabilities, or prosthetics;
  - ~~(8) physical and developmental disabilities;~~
  - (149) evidence of physical trauma; and
  - (15) recent injuries;
  - ~~(10) a determination of the need for medical detoxification from alcohol or other substances or mental health intervention.~~
  - (16) weight and height; and
  - (17) any other health concerns reported by the resident.
- (e) **Screening Methodology.** The health screening shall be administered by directly questioning the resident, observing the resident's behavior and physical condition, and reviewing any available records. If any of the information is unknown at the time of the health screening, the screener shall indicate this by entering "unknown," "not applicable," or a line in the space or electronic field provided for this information on the health screening form.
- (fb) **Disposition and Medical Referral for Assessment.** If the health screening indicates that a resident is in need of further medical evaluation, the resident shall be referred to a health care professional for further assessment within 24 hours, excluding holidays and weekends, from the date and time of the completed screening.
- (1) The individual who completes the screening shall:
    - (A) document the disposition of the youth, such as referral to emergency services or placement in the general population with later referral for medical follow up; and
    - (B) sign the screening instrument and document his/her title and the date and time of the screening.
  - (2) For residents who are identified by the screening instrument as requiring follow-up consultation with a health care professional, facility staff shall:
    - (A) contact the health care professional designated by the screening instrument as soon as possible but no later than 24 hours after completion of the screening, unless the screening instrument provides otherwise; and
    - (B) ensure the resident receives follow-up medical care as directed by the health care professional.
  - (3) The facility shall maintain and implement written policies and procedures to ensure that residents identified with potential medical problems (e.g., asthma, diabetes) are appropriately supervised until medical follow-up is received.
  - (4) For residents who report taking prescription medication, facility staff shall document whether the resident's parent, guardian, or custodian has provided the facility with the medication and a written request to administer the medication. If the medication or written request has not been provided, facility staff shall contact a health care professional within 24 hours after completion of the screening to receive instruction.
- (ge) **Results of Screening and Assessment.** The results of the health screening and any needed follow-up medical care health assessment shall be communicated to appropriate staff. The completed health screening form shall be maintained.
- (hd) **Contagious or Infectious Disease.** Any finding of the health screening that indicates a significant potential health risk to the staff or residents from a contagious or infectious disease shall be reported immediately to the facility administrator, and the affected resident shall be placed in medical isolation until proper medical clearance is obtained.



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- (ie) **Intra-Jurisdictional Custodial Transfer.** A health screening is not required for intra-jurisdictional custodial transfer of residents if the post-adjudication facility receiving the resident is located within the same premises as the pre-adjudication facility. If the two facilities are not located within the same premises, evidence of physical trauma is the only items required for the health screening ~~are items enumerated in subsection (a)(2) and (9) of this section.~~

## §343.606. Orientation.

Effective Date: 1/1/10

- (a) Each resident shall be provided a verbal orientation within 12 hours ~~after of~~ admission into the facility.
- (b) The verbal orientation shall include an explanation of the ~~following facility's:~~
- (1) procedures to access health care and a description of the available ~~services-available;~~
  - (2) resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process; program rules with corresponding and maximum disciplinary sanctions;
  - (3) grievance policies and procedures;
  - (4) procedures to access mental health care and a description of the available ~~services-available;~~ and
  - (5) age-appropriate information about the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, required by the Prison Rape Elimination Act of 2003 including:
    - (A) prevention and intervention; and
    - ~~(B) — methods for minimizing risk of sexual abuse;~~
    - ~~(BC) reporting incidents or suspicions of sexual abuse or sexual harassment; and assault; and~~
    - ~~(D) — treatment and counseling;~~
  - (6) information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
  - (7) the facility's policy information ~~stating that the resident is ensured the right of confidentiality with regard to the items included in paragraphs (3), (5), and (6) of this subsection and will not face reprisal for participating in the procedures included in these items.~~
- (c) If the resident is not sufficiently fluent in English, arrangements shall be made to provide the resident with an orientation in the resident's primary language within 48 hours ~~after of~~ admission.
- (d) When a literacy problem prevents a resident from understanding written rules, a staff member or translator shall assist the resident within 48 hours after admission.
- (e) The facility shall:
- (1) provide ~~E~~each resident ~~shall be provided~~ a written copy of the orientation materials; or upon completion of the orientation process.
  - (2) post the orientation information in an area of the housing unit that is accessible to residents.

## §343.608. Classification Plan.

Effective Date: 1/1/10

All facilities with more than one housing unit shall have a written classification plan that attempts to safely house residents based on ~~takes into account~~ at least the following factors:

- (1) age;
- (2) sex;
- (3) offense;
- (4) behavior; and

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- (5) any other special consideration, ~~such as s including a resident's~~ potential vulnerabilities for sexual abuse, ~~gang affiliation, referral history, and/or special needs, that are discovered during the resident's behavioral health screening.~~

## §343.610. Classification Plan--Segregation.

Effective Date: 1/1/10

The classification plan shall require that residents assigned to progressive sanctions level 5 and below be physically segregated from residents assigned to progressive sanctions levels 6 and 7.

## §343.612. Admission Records.

Effective Date: 1/1/10

The facility shall obtain and record the following information at the time the resident is admitted into the facility:

- (1) date and time of admission;
- (2) name;
- (3) nicknames and aliases;
- (4) social security number;
- (5) last known address;
- (6) adjudicated offense;
- (7) name of attorney;
- (8) name, title, and signature of delivering individual;
- (9) ~~sex~~gender;
- (10) race;
- (11) date of birth;
- (12) citizenship;
- (13) place of birth;
- (14) name, relationship, address, and phone number of the resident's parents, legal guardians, or custodians; and
- (15) primary language of the resident and the resident's parent, legal guardian, or custodian.

## §343.614. Format and Maintenance of Records.

Effective Date: 1/1/10

- (a) Resident records shall be maintained in a uniform format ~~for identifying and separating files.~~
- (b) Each facility shall have written policies and procedures to ensure the confidentiality of resident files.

## §343.616. Content of Resident Records.

Effective Date: 1/1/10

Each resident's record shall include the following:

- (1) delinquent history;
- (2) inventory of cash and property surrendered;
- (3) list of approved visitors;
- (4) name of the assigned probation officer;
- (5) behavioral record, including any special incidents, discipline, or grievances;

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- (6) progress reports, including the resident's case plan as required in §343.688 of this title and case plan review as required in §343.690 of this title; and
- (7) final release or ~~and~~ transfer report.

## §343.618. Housing Records.

Effective Date: 1/1/10

(a) For each housing unit in the facility, the following documentation shall be maintained for each housing unit in the facility:

- (1) a daily chronological log or electronic record documenting the resident's or housing unit's activity that identifies the juvenile supervision officers supervising the residents;
- (2) a daily report of admissions and releases; and
- (3) a current population roster ~~compiled~~ as of 5:00 a.m. each day that shall include, ~~at a minimum~~:
  - (A) the date and time the roster was compiled;
  - (B) the names of all residents in the facility;
  - (C) the sex of all residents in the facility;
  - (D) the housing assignment location (i.e., the location where the resident sleeps) of all residents in the facility; and
  - (E) the numerical total of the resident population for each day.

(b) The daily chronological log mentioned in subsection (a)(1) of this section shall:

- (1) be signed or initialed by the juvenile supervision officer(s) supervising the residents or housing unit; or
- (2) identify the juvenile supervision officer making the entry if the log is maintained in an electronic format that does not allow for signatures or initials.

## §343.620. Release Procedures.

Effective Date: 1/1/10

Prior to the release of each resident from the facility, the authorized officer shall:

- (1) verify the identity of the person receiving custody;
- (2) do one of the following:
  - (A) verify the release authorization documents; or
  - (B) document the release authorization in writing if a judge or juvenile probation officer authorizes the release by telephone;
- (3) obtain a ~~secure a signed~~ release signed by the individual receiving the resident's personal property;
- (4) provide information to a parent, legal guardian, or custodian regarding:
  - (A) all medication prescribed while the resident was in the facility that the resident is currently taking, and the name and contact information of the prescribing physician;
  - (B) any pending medical, mental health, or dental appointments; and
  - (C) any present concerns regarding the resident; and
- (5) obtain ~~secure~~ a receipt signed by the person receiving custody of the resident.

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## §343.622. Resident Supervision.

Effective Date: 4/1/10

- (a) A juvenile supervision officer may provide resident supervision if ~~he or she~~they:
- (1) ~~is~~ are currently certified as a juvenile supervision officer; or
  - (2) ~~has~~ have been employed by the facility less than 180 calendar days and:
    - (A) ~~have passed the competency evaluation exam as detailed in Chapter 344 of this title; and~~
    - (B) ~~have~~ has completed a minimum of 40 hours of training, which shall include the mandatory topics ~~as~~ outlined in Chapter 344 of this title, as well as certification in CPR, first aid, and a personal restraint technique approved by TJJD, ~~the Commission~~.
- (b) ~~A juvenile supervision officer who fails to meet the requirements in subsection (a) of this section shall not:~~
- (1) ~~be included in the juvenile supervision officer-to-resident ratios identified in this chapter; or~~
  - (2) ~~perform any duties of a juvenile supervision officer listed in this chapter.~~

## §343.624. Minimum Facility Supervision.

Effective Date: 1/1/10

At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified.

## §343.626. Gender Supervision Requirement.

Effective Date: 4/1/10

- (a) If residents of both genders are housed within the facility, juvenile supervision officers of both genders shall be on duty and available to the residents for every shift.
- (b) A juvenile supervision officer of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, ~~strip physical~~ searches ~~(i.e., strip searches)~~, disrobing of residents (suicidal or not), or when personal hygiene practice (e.g., onset of menstrual cycle, etc.) requires the presence of a juvenile supervision officer of the same gender.
- (c) Juvenile supervision officers of one gender shall be the sole supervisors of residents of the same gender during showers, ~~strip physical~~ searches, ~~pat downs~~, disrobing of suicidal youth, or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender.

## §343.628. Facility-Wide Ratio.

Effective Date: 4/1/10

- (a) The facility-wide juvenile supervision officer-to-resident ratio shall not be less than:
- (1) one juvenile supervision officer to every ~~eight~~ 8 residents during program hours; and
  - (2) one juvenile supervision officer to:
    - (A) every 20 residents during non-program hours if the post-adjudication facility is not located in the same building as a pre-adjudication facility; or and
    - (B) ~~one juvenile supervision officer to~~ every 18 residents during non-program hours if the ~~a~~ post-adjudication facility is located in the same building as a pre-adjudication facility.
- (b) For a juvenile supervision officer to count in the facility-wide ratio, the officer shall be present on the facility premises at all times.

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## **§343.629. On-Premises Supervision Requirements.**

Effective Date:

When residents are participating in any programming or activity on the facility premises but not inside a SOHU or MOHU:

- (1) residents shall be in the constant physical presence of a juvenile supervision officer; and
- (2) there shall be at least one juvenile supervision officer for every 12 residents participating in the program or activity.

## **§343.630. Supervision Ratio.**

Effective Date: ~~1/1/10~~

In a SOHU or a MOHU, the juvenile supervision officer-to-resident ratio shall not be less than:

- (1) one juvenile supervision officer to every 12 residents during program hours; and
- (2) one juvenile supervision officer to every 24 residents during non-program hours.

## **§343.632. Level of Supervision--SOHU.**

Effective Date: ~~1/1/10~~

- (a) ~~Program Hours.~~ While residents are located in a SOHU during program hours, they shall be in the constant physical presence of a juvenile supervision officer unless:
  - (1) the residents they are placed in their individual sleeping quarters during shift change, in which case, a juvenile supervision officer shall observe and document each resident's behavior at random intervals not to exceed 15 minutes; or-
  - (2) an exception in §343.638 of this title applies.
- (b) ~~Non-Program Hours.~~ While residents are located during non-program hours, in a SOHU during non-program hours, a juvenile supervision officer shall visually observe each resident at random intervals not to exceed 15 minutes.
- (c) Juvenile supervision officers shall document each visual observation made. The documentation shall include the time of the observation and generally describe the resident's behavior.

## **§343.634. Level of Supervision--MOHU.**

Effective Date: ~~1/1/10~~

- (a) While ~~residents are physically~~ located in a MOHU, residents shall be ~~in under~~ the constant physical presence ~~visual observation~~ of a juvenile supervision officer during program and non-program hours.
- (b) Juvenile supervision officers shall document general observations of dorm activity at intervals not to exceed 30 minutes.

## **§343.636. ~~Supervision On and Off--Premises~~ Supervision Requirements of Facility.**

Effective Date: ~~1/1/10~~

- ~~(a) On-Premises Supervision.~~ Subject to §343.628 of this chapter, residents participating in any programming or activities on the facility premises, but outside of a single or multiple occupancy housing unit, shall be in the constant physical presence of a juvenile supervision officer at all times.
- ~~(b) Required Ratio.~~ There shall be at least one juvenile supervision officer to every 12 residents participating in the program or activity.
- ~~(ae)~~ **Off-Premises Supervision.** A facility shall have written policies and procedures that establish specific ~~resident~~ supervision practices for residents allowed to temporarily leave the secure confines of the facility or the facility's secure grounds while in the custody of facility staff. The policies and procedures shall ~~minimally~~ include:

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- (1) applicable staff designations (i.e., which staff may supervise youth off site);
  - (2) gender-specific requirements;
  - (3) staff-to-resident ratios when more than one resident is involved;
  - (4) personnel authorized to use approved restraint practices; and
  - (5) staff training requirements.
- (b) The ~~established~~ policies and procedures shall be written to ~~adequately~~ provide an appropriate level of protection for the public and involved staff and residents.
- ~~(e) Exceptions. This standard does not apply to furlough and formal discharge.~~

## **§343.638. Exceptions to Requirement to be Supervised by Juvenile Supervision Officer. General Levels of Supervision.**

Effective Date: 9/1/13

A resident shall be ~~supervised by in the constant physical presence of~~ a juvenile supervision officer in accordance with requirements of this subchapter with ~~exception of~~ the following exceptions:

- (1) ~~Small Groups.~~ No more than three residents may be supervised by a professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training, or education.
- (2) ~~Small Therapeutic Groups.~~ A juvenile supervision officer shall provide constant visual supervision of any ~~small therapeutic~~ group between four and ~~twelve eight~~ residents when those residents are working with a qualified mental health professional or mental health provider.
- (3) ~~Visitation.~~ Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.

## **§343.640. Primary Control Room.**

Effective Date: 4/1/10

If the facility has a primary control room, the following requirements shall apply.

- (1) A juvenile supervision officer stationed in and assigned to the facility's primary control room(s) shall not count toward meeting any ratios required by this subchapter.
- (2) A facility that has multiple control rooms shall distinguish which control room or rooms are designated as the primary control room(s).
- (3) Juvenile supervision officers assigned to a secondary control room may be counted:
  - (A) in the facility-wide ratio; and
  - (B) in the supervision ratio in a SOHU or MOHU during non-program hours.
- (4) A staff member assigned to primary control room duties is not required to be a certified juvenile supervision officer.

~~A juvenile supervision officer stationed in and assigned to the facility's primary control room(s) shall not count toward meeting any required ratios prescribed by this subchapter.~~

## **§343.642. Use and Design--SOHU Single Occupancy Housing Units--SOHU.**

Effective Date: 4/1/10

- (a) Each SOHU~~s~~ shall be constructed to contain no more than 24 beds ~~in each housing unit.~~
- (b) Individual resident sleeping quarters shall be used ~~utilized~~ as single occupancy only ; ~~and at~~ At no time, may more than one resident be placed in an individual resident sleeping quarters~~s~~.
- (c) Individual resident sleeping quarters shall contain a bed above floor level.

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## §343.644. Spatial Requirements--SOHU.

Effective Date: 1/1/10

- (a) Individual resident sleeping quarters shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point in the ceiling.
- (b) Individual resident sleeping quarters shall have a minimum of 60 square feet of floor space.

## §343.646. Shower Facilities--SOHU.

Effective Date: 1/1/10

- (a) Each All-SOHUs shall contain at least one operable shower ~~with hot and cold running water~~ for every ten beds in the housing unit. The shower shall have:
  - (1) controls that produce hot and cold running water; or
  - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

## §343.648. Toilet Facilities--SOHU.

Effective Date: 1/1/10

- (a) In facilities constructed and operating before March 1, 1996, each All-SOHUs shall contain at least one operable toilet above floor level for:
  - (1) every 12 beds in male housing units; and
  - (2) and one for every eight beds in female housing units.
- (b4) In For facilities constructed and operating on or after March 1, 1996, each SOHU the ratio shall contain be one operable toilet above floor level for every six beds in the housing unit.
- (c2) Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.

## §343.650. Washbasin Requirements--SOHU.

Effective Date: 1/1/10

Each All-SOHUs constructed and in operation on or after September 1, 2003, shall:

- (1) contain a washbasin with:
  - (A) controls that produce hot and cold running water; or-
  - (B) one control that produces warm running water; and
- (2) be configured to allow for access to a washbasin without leaving the housing unit.

## §343.652. Drinking Fountain--SOHU.

Effective Date: 1/1/10

Each All-SOHUs shall contain a drinking fountain.

## §343.654. Use and DesignMultiple Occupancy Housing Units--MOHU.

Effective Date: 1/1/10

- (a) Each MOHUs shall be constructed to contain no more than 24 beds ~~in each housing unit.~~
- (b) Each MOHUs shall have one bed above floor level for every resident assigned to the unit.
- (c) Each MOHUs shall contain only residents of the same sex.
- (d) If bunk beds are used~~utilized~~, they shall not exceed two levels.



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## §343.656. Spatial Requirements--MOHU.

Effective Date: 1/1/10

- (a) Each MOHU~~s~~ shall have a minimum ceiling height of 7.5 feet when measured from the floor to the lowest point of the ceiling.
- (b) Each MOHU~~s~~ shall have a minimum of 35 square feet of unencumbered floor space per bed in the housing unit.

## §343.658. Shower Facilities--MOHU.

Effective Date: 1/1/10

- (a) Each ~~All~~ MOHU~~s~~ shall contain at least one operable shower ~~with hot and cold running water~~ for every ten beds in the housing unit. The showers shall contain:
  - (1) controls that produce hot and cold running water; or
  - (2) one control that produces warm running water.
- (b) Showers with multiple shower heads are acceptable and shall count toward the shower-to-bed ratio.

## §343.660. Toilet Facilities--MOHU.

Effective Date: 1/1/10

- (a) In facilities constructed and operating before March 1, 1996, each ~~All~~ MOHU~~s~~ shall contain at least one operable toilet above floor level for:
  - (1) every 12 beds in male housing units; and
  - (2) one for every eight beds in female housing units.
- (b4) In ~~For~~ facilities constructed and operating on or after March 1, 1996, each MOHU ~~the ratio~~ shall contain be one operable toilet above floor level for every six beds in the housing unit.
- (c2) Urinals may be substituted for up to one-half of the toilets in housing units permanently designed as all-male units.

## §343.662. Washbasin Requirements--MOHU.

Effective Date: 1/1/10

- Each ~~All~~ MOHU~~s~~ constructed and in operation on or after September 1, 2003, shall contain a washbasin with:
- (1) controls that produce hot and cold running water; or
  - (2) a single control that produces warm running water.

## §343.664. Drinking Fountain--MOHU.

Effective Date: 1/1/10

Each ~~All~~ MOHU~~s~~ shall contain a drinking fountain.

## §343.666. Exercise and Day Room Areas.

Effective Date: 1/1/10

- (a) ~~Exercise Areas.~~ The facility shall provide an area for indoor and outdoor exercise.
- (b) ~~Day Rooms.~~
- (b4) Day rooms shall provide a minimum of 35 square feet of space for every resident using the day room at one time, excluding lavatories, showers, and toilets.
- (c2) Day rooms shall provide sufficient seating and writing surfaces for every resident using the day room at one time.

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## §343.668. Program Hours.

Effective Date: 1/1/10

Each facility shall have a written daily ~~written~~ program schedule that outlines the planned ~~outlining the stated~~ activities during program hours.

- (1) Except as noted in paragraph (2) of this section, Each resident shall be provided at least a minimum of ten total hours of structured and unstructured activities each day. Time a resident spends in individual sleeping quarters does not count toward the ten-hour minimum.
- (2) ~~Exceptions.~~ Residents who are in disciplinary seclusion, room restriction, protective isolation, medical isolation, or assessment isolation may receive modification to their ~~respective~~ program schedule.
- (3) The facility shall maintain documentation of any modification or deviation from the program schedule ~~deviation or modification~~ that results in the cancellation of an activity or deviation of one hour or more from the schedule.

## §343.670. Educational Program.

Effective Date: 1/1/10

- (a) The facility administrator shall ensure ~~that~~ there is an educational program that requires all residents to participate. The educational program ~~provided~~ shall be administered in accordance with rules adopted by the Texas Education Agency (TEA).
- (b) The facility administrator shall ensure ~~that~~ the education provider has access to residents so that the educational program is afforded to all residents, in accordance with TEA rules ~~adopted by the TEA~~.
- (c) Students shall be provided coursework that complies with TEA rules.

## §343.671. Educational Curriculum.

Effective Date: 1/1/10

~~Students shall be provided coursework that is aligned with the Texas Essential Knowledge and Skills (also known as the TEKS test), in accordance with rules adopted by the TEA.~~

## §343.672. Instructional Days.

Effective Date: 1/1/10

- (a) The facility administrator shall ensure that the educational program provides for at least 180 days of instruction unless:
  - (1) a waiver has been granted by the TEA for fewer days; or
  - (2) the number of educational days coincides with the local school district calendar.
- (b) An education service provider is required to provide a full educational day. An educational day is required to:
  - (1) be seven hours long; and
  - (2) consist of at least five and one-half hours of required secondary curriculum to students.

## §343.673. Special Education.

Effective Date: 1/1/10

- (a) The facility administrator, through a cooperative effort with the Local Education Agency (LEA), will ensure that residents with disabilities are provided a free and appropriate public education as determined by the Admission, Review and Dismissal committee in order to meet the individual educational needs of the student as defined by federal and state laws.

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- (b) The facility administrator, through a cooperative effort with the LEA, will ensure that residents with disabilities have available an instructional day commensurate with that of students without disabilities, in accordance with requirements contained in 19 TAC §89.1075(d).
- (c) The facility administrator or designee shall send notification of a student placement in a residential facility to the LEA as required by §29.012 of the Texas Education Code and shall retain documentation of this notice.

## §343.674. Educational Space.

Effective Date: 1/1/10

The facility administrator shall ensure that educational space is adequate to meet the instructional requirements for each resident.

## §343.675. ~~Orientation for Educational Staff~~ **Safety.**

Effective Date: ~~1/1/10~~

(a) All permanent educational staff ~~and, excluding temporary~~ substitutes with a known facility assignment of five consecutive school days or longer, shall receive a facility orientation prior to performing educational instructional duties. Orientation shall include:

- (1) security procedures;
- (2) emergency procedures;
- (3) behavior management system and prohibited sanctions; and
- (4) reporting abuse, neglect, and exploitation.

(b) Documentation of the orientation shall be maintained.

## §343.676. Supervision During Educational Program.

Effective Date: 1/1/10

Educational staff shall not be counted in staff-to-resident ratios.

## §343.677. Vocational Training Program.

Effective Date: ~~1/1/10~~

~~If the facility offers The facility administrator shall ensure that~~ a vocational training program ~~offered to residents,~~ that is not administered by the school and through which no academic credit is gained, the facility administrator shall ensure the program is administered by appropriately qualified persons to provide instruction or mentoring in the vocational skills.

## §343.678. Reading Materials.

Effective Date: 1/1/10

Age-appropriate reading materials shall be available to all residents.

## §343.680. Recreation and Exercise.

Effective Date: ~~1/1/10~~

- (a) ~~Supplies.~~ Recreational equipment and supplies shall be provided for use by residents. All recreational equipment shall be maintained in working order to ensure the safety of all staff and residents in the facility.
- (b) The recreational schedule shall offer the following programming each day:
  - (1) ~~Large Muscle Exercise. At at~~ least one hour of large muscle exercise ~~shall be scheduled each day;~~ and
  - (2) ~~Open Recreational Activity. At at~~ least one hour of open recreational activity ~~shall be scheduled each day.~~

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- (c) Large muscle exercise shall take place outside of the individual resident sleeping quarters or sleeping rooms.
- (d) If the facility provides an opportunity for residents to participate in scheduled physical recreation, the requirements of this standard are satisfied regardless of whether or not the resident chooses to participate.
- (ee) **Exceptions.**—A resident's recreational schedule may be altered under the following conditions:
  - (1) participation by the resident is contra-indicated for medical reasons;
  - (2) the resident is in disciplinary seclusion, room restriction, protective isolation, medical isolation, or assessment isolation;
  - (3) the resident has a scheduled appointment;
  - (4) extenuating circumstances exist that impede the recreational schedule; or
  - (5) the resident presents an imminent danger to self or others. ~~Utilization of this provision shall require the written approval of the facility administrator.~~
- (f) A youth's recreational schedule may not be altered due to imminent danger to self or others without written approval from the facility administrator. The written approval shall be maintained.

## **§343.686. Rehabilitative Services.**

Effective Date: 1/1/10

The social services program shall provide for the availability of:

- (1) professional counseling services (individual and group);
- (2) substance abuse prevention education; and
- (3) HIV/AIDS prevention education.

## **§343.688. Residential Case Plan.**

Effective Date: 1/1/10

- (a) The initial case plan shall be completed no later than 30 calendar days from the resident's date of placement.
- (b) The case plan shall contain ~~written~~ documentation acknowledging that the plan was developed in consultation with the resident<sub>i,7</sub>; the resident's parent, legal guardian, or custodian<sub>i,7</sub>; and the supervising juvenile probation officer.
- (c) The case plan shall contain specific goals for at least the following nine domains:
  - (1) medical and dental;
  - (2) safety and security;
  - (3) recreational;
  - (4) educational;
  - (5) mental and behavioral health;
  - (6) relationship;
  - (7) socialization;
  - (8) permanency; and
  - (9) parent and child participation.
- (d) The case plan shall be signed by the resident<sub>i,7</sub>; the resident's parent, legal guardian, or custodian<sub>i,7</sub>; the facility's designee<sub>i</sub>; and the supervising juvenile probation officer. If the parent, legal guardian, or custodian refuses to participate or sign the case plan or the facility's designee cannot locate the person, the facility's designee shall document this in writing in the resident's case plan.

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- (e) The date of the facility designee's signature on the case plan shall be the case plan completion date.
- (f) The case plan shall be retained in the resident's case file with ~~written~~ documentation verifying that copies were provided to the resident<sup>17</sup>; the resident's parent, legal guardian, or custodian<sup>1</sup>; and the supervising juvenile probation officer.

## §343.690. Residential Case Plan Review.

Effective Date: 1/1/10

- (a) Case plans shall be reviewed no later than 90 calendar days from the date of completion of the initial case plan or case plan review and at least once every 90 calendar days thereafter.
- (b) The case plan review shall contain ~~written~~ documentation acknowledging that the review was conducted in consultation with the resident<sup>17</sup>; the resident's parent, legal guardian or custodian<sup>17</sup>; and the supervising juvenile probation officer.
- (c) ~~The e~~Case plan reviews shall measure the resident's progress toward meeting his/her goals using the six-point scale outlined in 1 TAC Title 1, Part 15, §351.13 of the Texas Administrative Code.
- (d) The case plan review shall document any newly identified needs, goals, and interventions for the juvenile and the juvenile's family.
- (e) The case plan review shall be signed by the resident<sup>17</sup>; the resident's parent, legal guardian, or custodian<sup>17</sup>; the facility's designee<sup>1</sup>; and the supervising juvenile probation officer. If the parent, legal guardian, or custodian refuses to participate or sign the case plan or the facility's designee cannot locate the person, the facility's designee shall document this in writing in the resident's case plan.
- (f) The date of the facility designee's signature on the case plan review shall be the case plan review completion date.
- (g) The case plan review shall be retained in the resident's case file with ~~written~~ documentation verifying that copies were provided to the resident<sup>17</sup>; the resident's parent, legal guardian, or custodian<sup>17</sup>; and the supervising juvenile probation officer.

## §343.700. Physical Training Program.

Effective Date: 1/1/10

Sections ~~343.700~~, 343.702, 343.704, 343.706, 343.708, 343.710, and 343.712 of this title chapter apply to ~~those~~ facilities that use ~~have~~ a physical training program.

## §343.702. Governing Board Approval.

Effective Date: 1/1/10

In facilities that begin operating a physical training program on or after January 1, 2010: Facilities that utilize a physical training program shall have written authorization from the governing board prior to operation.

- (1) the facility shall obtain the governing board's written authorization to implement the program before the program begins operations;
- (2) the governing board's authorization process and written authorization shall be separate and distinct from the governing board's annual certification of the facility required by Texas Family Code §51.125; and
- (3) the governing board's written authorization shall be retained as long as the physical training program remains operational.

## §343.704. Pre-Admission Requirements.

Effective Date: 1/1/10

- (a) Prior to admitting a resident into the physical training program, facility, the following documentation shall be reviewed by the facility administrator or designee:

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- (1) a medical release signed and dated by a physician approving the resident's participation in the facility's physical training program;
- (2) the physician's acknowledgement of the components of the physical training program; and
- (3) a psychological evaluation, or behavioral health assessment ~~(as defined in the CRM)~~, which shall indicate whether there are therapeutic contraindications to the resident's participation in the physical training program. indicate in writing the appropriateness for the child's placement at the facility based on the needs and/or limitations of the child (i.e., mental illness, history of abuse, etc.).

(b) The documentation required by this standard shall be maintained in the resident's file or the resident's medical file.

## **§343.706. Physical Training Program Plan.**

Effective Date: ~~1/1/10~~

The facility shall have a written physical training program plan developed in consultation with the facility's health service authority and approved by the governing board. The plan shall include:

- (1) a physical fitness screening tool that addresses whether the resident has the physical capability to fully participate in the physical training program. The tool shall be selected or developed by the facility administrator or designee;
- (2) a curriculum that addresses the specific types of exercises authorized ~~for use to be used~~ within the program. The curriculum shall:
  - (A) define the time limitations of the individual exercises used in the physical training program; and
  - (B) define the set number of repetitions of each exercise per session;
- (3) specific ~~minimal~~ criteria to determine when outdoor weather conditions are too extreme or dangerous for physical training. The criteria shall address scheduling changes when necessary to ensure the safety of residents (e.g., seasonal scheduling changes to accommodate for weather patterns);
- (4) adjustments for increased dietary allowances in the residents' menu plan to accommodate the need for modified caloric intake and hydration; and
- (5) protocols for removal from the program if a resident becomes unfit to participate in the physical training program due to medical or mental health reasons.

## **§343.708. Injury and Illness.**

Effective Date: ~~1/1/10~~

- (a) If a resident is, ~~at any time,~~ deemed unfit to participate in the physical training program due to medical reasons, ~~to return the resident to the program,~~ the facility must document that a obtain a written physician has determined release signed by a physician indicating that the resident is fit to resume program activities before the resident is permitted to return to the program.
- (b) The facility shall maintain a log of residents who are deemed unfit to participate in the physical training program due to medical reasons. The log shall show:
  - (1) resident's name and date of birth;
  - (2) date the resident was deemed unfit to participate; and
  - (3) date the resident resumed participation, if applicable.

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## §343.710. Disciplinary Sanctions.

Effective Date: ~~1/1/10~~

- (a) The facility shall have written policies and procedures, including guidelines, parameters, and limitations, on the types of physical activity that may be ~~used~~ utilized for discipline or refocusing purposes (e.g., physical activities used to discipline for non-compliant behavior or as a substitute for write-ups or disciplinary seclusion).
- (b) Physical exercises used for intimidation shall be prohibited.
- (c) Residents shall not receive disciplinary sanctions that cause bodily duress (i.e., physical punishment to the body).

## §343.712. Physical Fitness Screening Tool.

Effective Date: ~~1/1/10~~

- (a) ~~A~~ The resident shall not participate in the physical training program until the initial physical fitness screening tool has been completed and evaluated.
- (b) Every 30 calendar days, the facility shall administer the physical fitness screening tool to re-evaluate the resident's ability to participate in the physical training program.
- (c) The results of the resident's physical fitness screening and the facility designee's evaluation of the screening results shall be maintained in the resident's file.

## Subchapter E Restraints

## §343.800. Definitions.

Effective Date: ~~1/1/10~~

The following words and terms, when used in this chapter, shall have the following meanings, unless otherwise expressly defined within the chapter.

- (1) **Approved Personal Restraint Technique**--A professionally trained, curriculum-based, and competency-based restraint technique that uses a person's physical exertion to completely or partially constrain another person's body movement without the use of mechanical restraints. Personal restraint techniques shall first be approved for use by the Commission.
- (2) **Approved Mechanical Restraint Devices**--A professionally manufactured and commercially available mechanical device designed to aid in the restriction of a person's bodily movement. TJJD-approved mechanical restraint devices are limited to the following: Mechanical restraint devices shall first be approved by the Commission. The following are Commission-approved mechanical restraint devices:
  - (A) **Ankle Cuffs**--A metal band designed to be fastened around the ankle to restrain free movement of the legs.;
  - (B) **Handcuffs**--Metal devices designed to be fastened around the wrist to restrain free movement of the hands and arms.;
  - (C) **Plastic Cuffs**--Plastic devices designed to be fastened around the wrists or legs to restrain free movement of hands, arms, or legs. Plastic cuffs must be designed specifically for use in human restraint.
  - (D) **Restraint Bed**--A professionally manufactured and commercially available bed, or integrated bed attachments~~s(es)~~, that are specifically designed to facilitate safe human restraint applications.



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- (E) **Restraint Chair**--A professionally manufactured and commercially available restraint apparatus specifically designed for safe human restraint. The device's design restrains ~~facilitates the almost complete immobilization of~~ a subject in an upright, sitting position by restricting the subject's extremities, upper leg area, and torso with ~~through the application of~~ soft restraints. The apparatus may be fixed or wheeled for re-location.
- (F) **Waist Belt**--A cloth, leather, or metal band designed to be fastened around the waist and used to secure the arms to the sides or front of the body.
- (G) **Wristlets**--A cloth or leather band designed to be fastened around the wrist that ~~which~~ may be secured to a waist belt or used in a non-ambulatory mechanical restraint.
- (3) **Chemical Restraint**--The application of a chemical agent on one or more a resident or residents.
- (4) **Four-Point Restraint**--The use of approved mechanical restraint devices on applied to each of a resident's wrists and ankles to secure the a resident in a supine position to a restraint bed.
- (5) **Mechanical Restraint**--The application of an approved mechanical restraint device ~~which restricts or aids in the restriction of the movement of the whole or a portion of an individual's body to control physical activity.~~
- (6) **Non-Ambulatory Mechanical Restraint**--A method of prohibiting a resident's ability to stand upright and walk with the use of a combination of approved mechanical restraint devices, cuffing techniques, and the subject's body positioning. The four-point restraint and a restraint chair are examples of acceptable non-ambulatory mechanical restraints.
- (7) **Personal Restraint**--The application of an approved personal restraint technique. physical force alone, restricting the free movement of the whole or a portion of an individual's body to control physical activity.
- (8) **Physical Escort**--Touching or holding a resident with a minimum use of force for the purpose of directing the resident's movement from one place to another. A physical escort is not considered a personal restraint.
- (9) **Protective Devices**--Professionally manufactured devices used for the protection of residents or staff that do not restrict the movement of a resident. Protective devices are not considered mechanical restraint devices.
- (10) **Restraint**--The application of an approved personal restraint technique, an approved mechanical restraint device, or a chemical agent restraint to a resident an individual so as to restrict the individual's freedom of movement ~~or to modify the individual's behavior.~~
- (11) **Riot**--A situation in which three or more persons in the facility intentionally participate in conduct that constitutes a clear and present danger to persons or property and substantially obstructs the performance of facility operations or a program therein. Rebellion is a form of riot.
- (12) **Soft Restraints**--Non-metallic wristlets and anklets used as stand-alone restraint devices or in conjunction with a restraint bed or restraint chair. These devices are designed to reduce the incidence of skin, nerve, and muscle damage to the ~~restrained~~ subject's extremities.

## §343.802. Requirements.

Effective Date: 4/4/10

- (a) Restraints shall ~~only~~ be used only by juvenile supervision officers and juvenile probation officers.
- (b) Prior to participating in a any restraint, juvenile probation officers and juvenile supervision officers shall be trained in the use of the facility's specific verbal de-escalation policies, procedures, and practices.
- (c) Prior to participating in a restraint, juvenile probation officers and juvenile supervision officers shall have received training and demonstrated competency in the ~~Commission~~-approved restraint techniques and devices used by the facility.
- (d) Restraints shall ~~only~~ be used only to prevent imminent or active:

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~~(1) in instances of an imminent threat of self-injury, or injury to others;~~

~~(2) or serious property damage;~~ or

~~(3) to prevent escapes.~~

- (e) Restraints shall ~~only~~ be used only as a last resort.
- (f) Only the amount of force and type of restraint necessary to control the situation shall be used.
- (g) Restraints shall be implemented in such a way as to protect the health and safety of the resident and others.
- (h) Restraints shall be terminated as soon as the resident's behavior indicates that the imminent threat of self-injury, injury to others, or serious property damage, or the threat of escape has subsided.

## §343.804. Prohibitions.

Effective Date: ~~1/1/10~~

Restraints that employ any of the following a techniques ~~listed below~~ are prohibited:

- (1) restraints used for punishment, discipline, retaliation, harassment, compliance, intimidation, or as a substitute for an appropriate disciplinary seclusion;
- (2) restraints that deprive the resident of basic human necessities, including restroom opportunities, ~~privileges~~, water, food, and clothing;
- (3) restraints that are intended to inflict pain;
- (4) restraints that place a resident in a prone or supine position with sustained or excessive pressure on the back, chest, or torso;
- (5) restraints that place a resident in a prone or supine position with pressure on the neck or head;
- (6) restraints that obstruct the resident's airway, including a procedure that places anything in, on, or over the resident's mouth or nose;
- (7) restraints that interfere with the resident's ability to communicate;
- (8) restraints that obstruct the view of the resident's face;
- (9) any technique that does not require the monitoring of the resident's respiration and other signs of physical distress during the restraint; and
- (10) percussive or electrical shocking devices.

## §343.806. Documentation.

Effective Date: ~~1/1/10~~

(a) Except for restraints addressed in §343.818 of this titlechapter, all restraints shall be fully documented and the documentation shall be maintained. ~~Written documentation regarding the use of restraints shall include an accurate description of the restraint event, including, at a minimum, require:~~

- (1) the name of the resident;
- (2) the name and title of each staff member ~~(s) name and title(s)~~ who administered the restraint;
- (3) a narrative description of the restraint event from each staff member who participated in the restraint;
- ~~(4)~~ the date of the restraint;
- (5) the duration of each type of restraint (e.g., personal, mechanical), including notation of the time each type of restraint began and ended;
- ~~(6)~~ the location of the restraint;
- ~~(6) the description of the preceding activities;~~

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- (7) the events and behavior ~~that which~~ prompted the initial restraint and any ~~the~~ continued restraint ~~of the resident~~;
  - (8) de-escalation efforts and all restraint alternatives attempted;
  - (98) the type of restraint(s) applied, including, as applicable:-
    - (A) the specific type of personal restraint hold applied;
    - (B) the type of mechanical restraint device(s) applied; and
    - (C) the type of chemical restraint(s) used~~utilized~~; and
  - ~~(9) de-escalation efforts as well as all restraint alternatives attempted; and~~
  - (10) whether or not any injury occurred during the restraint and a ~~the~~ description of any injuries. the ~~injury.~~
- (b) The facility shall maintain a restraint log. The log shall be organized chronologically by date and document the following information:
- (1) name of the resident;
  - (2) type of restraint applied (e.g., personal, mechanical);
  - (3) name of staff member(s) who administered the restraint;
  - (4) time and date the restraint began; and
  - (5) time and date the restraint ended.

## §343.808. Personal Restraint.

Effective Date: 1/1/10

~~In addition to the requirements found in §§343.802, 343.804, and 343.806 of this chapter, the use of personal restraints shall be governed by the following criteria:~~

- (a) A facility shall not use a personal restraint technique before it has been approved for use by TJJD.
- ~~(b4)~~ Personal restraints shall be administered in a manner ~~specific, or~~ consistent with, ~~to~~ the approved personal restraint technique adopted by the facility.
- ~~(c2)~~ Juvenile supervision officers and juvenile probation officers shall be re-trained in the approved personal restraint technique in accordance with the requirements of the technique or at least once every 365 calendar days, whichever time frame is shorter.

## §343.810. Mechanical Restraint.

Effective Date: 9/1/13

- (a) **Requirements.**
  - (1) Only TJJD-approved mechanical restraint devices shall be used by a facility.
  - (2) Mechanical restraint devices shall ~~only~~ be used only in a manner consistent with their intended use.
  - (3) All mechanical restraint devices shall be inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. The dates of the inspections shall be documented.
  - (4) All faulty or malfunctioning devices shall be restricted from use until they are repaired or replaced. Any maintenance performed shall adhere to the manufacturer's guidelines.
- (b) **Prohibitions.**
  - (1) Except as noted in paragraph (2) of this subsection, Approved mechanical restraint devices shall not be altered from the manufacturer's design.

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- (2) If a required repair will modify or alter a restraint bed, restraint chair, and/or accompanying soft restraints, the facility shall obtain and maintain written approval from the manufacturer prior to the repair. The restraint equipment shall meet the requirements of this subchapter after the alteration or modification occurs.
- (32) A resident shall not be placed in a prone position while restrained in any mechanical restraint for a period of time longer than necessary to apply the restraint device.
- (43) A mechanical restraint shall not secure a resident in a prone, supine, or lateral position with the resident's arms and hands behind the resident's back and secured to the resident's legs.
- (54) Approved mechanical restraint devices shall not be secured so tightly as to interfere with circulation or so loosely as to cause chafing of the skin.
- (65) Approved mechanical restraint devices shall not be secured to a stationary object, except when complete immobilization is required by use of a four-point restraint or a restraint chair.
- (76) A resident in an approved mechanical restraint device shall not participate in any physical activity.
- (87) Plastic cuffs shall ~~only~~ be used only in emergency situations.

## §343.812. Non-Ambulatory Mechanical Restraints.

Effective Date: 9/1/13

- (a) Non-ambulatory mechanical restraints shall ~~only~~ be used only in response to a resident's overt self-injurious behavior ~~specific to self-injury~~ and only when other less restrictive interventions, or other forms of physical restraint, have been deemed to be inappropriate or ineffective.
- (b) The initial use of non-ambulatory mechanical restraints shall receive incident-specific authorization from the facility administrator or designee. Standing orders authorizing non-ambulatory mechanical restraints are prohibited.
- (c) Non-ambulatory mechanical restraints shall be conducted in an area or room ~~that which~~ is not visible to other residents but in a location that is readily accessible to health care professionals or specially-trained staff with supervisory responsibilities specific to the oversight of the non-ambulatory mechanical restraints.
- (d) ~~A Rooms~~ or cells with fixed or static non-ambulatory mechanical restraint fixtures ~~or mechanisms, etc.~~ (e.g., anchoring points or devices), shall ~~not~~ be used to house ~~a residents who is~~ not being restrained in a non-ambulatory mechanical restraint only if the resident is unless they are being provided constant supervision.
- (e) Non-ambulatory mechanical restraints shall be restricted to professionally manufactured, only standards-compliant restraint beds, restraint chairs, and soft restraint devices.
- (f) A written recommendation from a health care professional or a mental health provider is required ~~in order~~ for a non-ambulatory mechanical restraint to continue longer than one hour.
- (g) Non-ambulatory mechanical restraints lasting two hours in duration shall be considered a behavioral health crisis and shall result in an immediate referral to a mental health provider or a mental health facility for assessment and possible treatment.
- (h) Under no circumstances shall a non-ambulatory mechanical restraint exceed three hours in duration within a 24-hour period. The collective time a resident spends in multiple non-ambulatory mechanical restraints occurring within a 24-hour period shall not exceed three hours.
- (i) Residents in a non-ambulatory mechanical restraint shall be provided:
  - (1) constant visual supervision by a juvenile supervision officer or juvenile probation officer;
  - (2) an opportunity for expanded physical motion ~~or movement~~ for not less than five minutes at every 30-minute interval;
  - (3) an opportunity to drink water every hour;
  - (4) regularly prescribed medications, unless otherwise ordered by a physician; and

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- (5) ~~an opportunity to eliminate bodily waste bathroom privileges offered~~ at least every hour.
- (j) ~~The constant visual supervision required in subsection (i)(1) of this section may be from behind an architectural barrier, such as a window, as long as the constant visual supervision is not interrupted or impeded.~~
- (k) Requirements in subsection (i) ~~(1)–(5)~~ of this section shall be fully documented and retained in the facility record or resident file. ~~The juvenile supervision officer or juvenile probation officer shall document any instance in which the resident's aggressive behavior prevents staff from providing any of the items listed in subsection (i) of this section.~~
- (l) The following documentation shall be retained in the facility record or resident file:
  - (1) an assessment of the resident's circulation, positioning, and breathing conducted at least every ten minutes by a specially ~~-~~trained juvenile supervision officer or a health care professional; and
  - (2) documented checks, performed by a health care professional or specially ~~-~~trained staff, of the physical condition of the resident and the placement of the mechanical restraint devices within the first 30 minutes of the restraint and every hour thereafter.
- (m) The officer responsible for providing the constant visual supervision of a resident in a non-ambulatory mechanical restraint shall have physical possession of the key or other mechanism for releasing the resident from the restraint.
- (n) Any juvenile probation officer or juvenile supervision officer authorized to place a resident in a non-ambulatory mechanical restraint, ~~shall be trained in topics that include, but are not limited to:~~
  - (1) monitoring the vital signs and critical circulation points of a resident placed in the non-ambulatory mechanical restraint; and
  - (2) emergency procedures for the removal of a resident from the non-ambulatory mechanical restraint.

## §343.816. Chemical Restraints.

Effective Date: 1/1/10

In addition to the requirements found in §§343.802, 343.804, and 343.806 of this chapter, the use of chemical restraints shall be governed by the following criteria:

- (1) chemical restraints shall only be used in response to episodes of resident riot and only then when other forms of approved restraints are deemed to be inappropriate or ineffective;
- (2) the use of chemical restraints shall receive incident-specific authorization from the facility administrator. Standing orders authorizing chemical restraints are prohibited;
- (3) chemical restraints are restricted to professionally manufactured and commercially available defense sprays and vaporizing agents containing either Oleoresin Capsicum (i.e., OC pepper sprays) or Orthochlorobenzalmalonitrile (i.e., tear gas);
- (4) chemical restraint deployment devices shall be stored in a locked area, and the issuance of these devices to juvenile supervision officers shall not commence until the facility administrator's authorization has been provided;
- (5) chemical restraints shall not be used on a resident when he or she is in a personal or mechanical restraint, or otherwise under control;
- (6) immediately following the use of a chemical restraint, the exposed resident shall be visually or physically examined by a health care professional and provided treatment if necessary; and
- (7) chemical agent compatible neutralizers or decontaminants shall be readily available for use on residents who have been exposed to chemical restraints.

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## §343.818. Preventative Mechanical Restraints.

Effective Date: 4/1/10

For resident, staff, and public safety purposes, a resident may be placed in ankle cuffs, handcuffs, wristlets, or a waist belt absent the imminent threat requirements ~~enumerated~~ in §343.802(d) of this ~~title chapter~~. These types of preventative mechanical restraints are authorized under the following circumstances:

- (1) ~~Intra-facility relocation.~~ Mechanical restraints may be used when moving a resident from point to point within the premises of a secure facility. The mechanical restraint devices shall be removed upon completion of the resident's relocation.;
- (2) ~~Vehicular transport.~~ Mechanical restraints may be used when transporting a resident in a vehicle. However, A resident shall not be secured to:
  - (A) any part of the vehicle; or
  - (B) another resident.;
- (3) ~~Off-site activities.~~ Mechanical restraints may be used when a resident is required to leave the secure confines of the facility.;
- (4) The routine, preventative use of mechanical restraint applications described used in this section is ~~are~~ exempt from the documentation requirements contained in §343.806 of this ~~title chapter~~, except when:
  - (A) the the resident's cooperation is compelled through the use of a personal or chemical restraint;
  - (B) when the resident receives an injury in relation to the restraint event or restraint devices; or
  - (C) when the resident's behavior escalates to the imminent threat criteria listed in §343.802(d) of this ~~title chapter~~.